



Request to Take Exam at Conflict Time

Name: _____

Reminders:

1. You may apply to take an exam at the Conflict Exam time only if you have two exams at the same time or more than two exams on the same day. (Use the Rescheduling Request form if you have other reasons for rescheduling an exam or exams.)
2. Fill in this form and submit it to the Registrar's Office.
3. Permission is granted at the discretion of the Registrar after consultation with the course instructor.
4. Conflict exams are held **ONLY** on the date and time shown below.
5. NOTE: The time of specific exams within the exam schedule is subject to change.

I am applying to take the following exam at the Conflict Exam time:

_____ Instructor: _____

Date and time of Conflict Exams: _____

Reason for taking exam at Conflict Exams time:

- Exam conflict (two exams scheduled at same time)
- More than two exams in the same day

Confidentiality: I will not disclose any details of the exam to others. Breaking this commitment will result in automatic failure of the course as well as other discipline.

Your Signature: _____

Date: _____

OFFICE USE ONLY	
Instructor consulted:	Registrar's approval:
Instructor notified to send exams to invigilator:	Student notified: