

Date \_\_\_\_\_

Student's name \_\_\_\_\_ ID number \_\_\_\_\_

Student's Email \_\_\_\_\_ Phone \_\_\_\_\_

Circle year:      1L          2L          3L          LLM                      Anticipated graduation date \_\_\_\_\_

**NOTE:** Consecutive days of exams do not constitute exceptional circumstances under the Regulations of the Faculty of the School of Law. The only basis on which an exam can be rescheduled is if a student has two regularly scheduled examinations on the same day. {2.2A(1)}

COURSE NO \_\_\_\_\_ COURSE TITLE \_\_\_\_\_

Exam scheduled for \_\_\_\_\_  
 (Original Exam Date)

Exam will be rescheduled to the following day unless student's schedule already has an exam scheduled on that day. In such a case, exam will be rescheduled to the next available day.

Reason for request

Please list your current exam schedule below

Course # and Title	Exam Date

Request:     Approved  
                Denied

\_\_\_\_\_  
 Emily Scivoletto  
 Asst. Dean for Student Affairs

**FOR OFFICE USE ONLY:**

**RESCHEDULE TO:** \_\_\_\_\_