

ALTERNATE EXAM DATE REQUEST FORM

Student's Name: _____

Law School ID Number: _____

Course Name and Number: _____

Regularly Scheduled Exam Date: _____

Professor's Name: _____

POLICY

A student may request an alternate exam date only in exceptional circumstances. A student requesting an alternate exam date must complete an Alternate Exam Date Request Form. Both the professor and the Associate Dean must approve a request for an alternate exam date by signing the Alternate Exam Date Request Form. After the required signatures are obtained, the student must submit the original form to the professor and give copies of the form to the Associate Dean and staff member responsible for scheduling alternate exam dates.

Please explain below the emergency circumstances that prevent you or prevented you from taking the exam at the regularly scheduled time.

Reason: _____

Two Signatures Required for Approval:

Professor

Associate Dean

Date

Date