

UIC JOHN MARSHALL LAW SCHOOL



Request to Reschedule Exam Form

Please return the completed form to the Registrar's Office at: exams@jmls.edu

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID Number _____

<p>Academic</p> <p>An examination conflict is defined as:</p> <ul style="list-style-type: none">• Two examinations with start times within 23 hours;• Three examinations on two consecutive days; or• Four examinations on four consecutive days. <p>This form must be submitted to the Registrar's Office no later than 60 days before the start of the final examination period.</p>	<p>Extraordinary Circumstances*</p> <p>*Please use the comments section below to explain your request (please review the Exam Conflict policy noted below)</p> <ul style="list-style-type: none">• Requires written permission from the Vice Dean for Academic Affairs• Appropriate documentation is required and must be submitted with this form to the Vice Dean for Academic Affairs. <p>https://www.jmls.edu/policy/pdf/student/final-exam-policy.pdf</p>
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Please enter ALL course information below OR attach a copy of your schedule

Course number (ex. JD 123 1)	Course Title	Date of exam	Time of Exam	Instructor

***Comments:**

Check this box if you receive testing **accommodations**

Student Signature:

Date:

I am providing my digital signature and authorization by checking this box and including my full name below

Student Name:

Date:

Vice Dean Action: Approve Approve with conditions (memo attached) Deny Other (memo attached)

Vice Dean: _____ Date _____