



Student Request for Dean's Action
PERSONAL - EXAM CONFLICT

Summer 2014 Exams

EXAM TYPE: [] Midterm [] Final Exam

NAME _____

DATE: _____

STUDENT ID # _____

TERM: _____

CAPITAL EMAIL _____@law.capital.edu

PHONE: _____

DIVISION [] Day [] Evening

YEAR [] 1st [] 2nd [] 3rd [] 4th

1. Are you taking exams by laptop? [] Yes [] No

2. Please list the exams that you have a personal conflict:

Table with 3 columns: CLASS NAME, SECTION #, PROFESSOR. Rows A, B, C.

3. Please explain your personal conflict with each exam listed above:

4. Please highlight all of your exams on the exam schedule and attach it to this form.

5. Return the form and your highlighted exam schedule to Associate Dean Jim Beattie, room 382.

FOR ASSOCIATE DEAN'S USE

Request A: [] Denied [] Approved and rescheduled for _____ at _____

Request B: [] Denied [] Approved and rescheduled for _____ at _____

Request C: [] Denied [] Approved and rescheduled for _____ at _____

Dean's Signature: _____ Date _____