

Student Request for Dean's Action

EXAM CONFLICT

EXAM TYPE:	□Mid-7	Term □Fina		RM: / (Semester)	(Year)
TYPE OF CON	FLICT:	☐ Personal			
		☐ 24 Hour R	ule		
I PLAN TO:		☐ Write ☐ Take Exam Via Computer			
NAME:				DA	ΓΕ SUBMITTED:
CAPITAL EMA	AIL:	(0	law.capital.edu	PHONE:_	
DIVISION:	\square Day	☐ Evening	YE	AR $(1^{ST}, 2^{ND}$.)
B. PLEASE LIS	ST THE EX	XAMS THAT Y	YOU HAVE A	CONFLICT:	PROFESSOR
A.				SECTION #	PROFESSOR
В.					
C.					
D.					
C. PERSONAL and dates that y				ır personal co	onflict with each exam listed above

D. SUBMIT THIS FORM WITH REQUIRED DOCUMENTS (*IF APPLICABLE*) TO STUDENTAFFAIRS@LAW.CAPITAL.EDU OR TO THE STUDENT AFFAIRS DROP BOX OUTSIDE OF 386.