Exam Conflict Form

BRIERCREST

Student Info		
Name	Student Box	Date

Exam Conflict Info

A. If you have two or more exams scheduled at the same time, please list them below and submit this form to Academic Services for processing. You do not need to complete section C.

B. If you have a personal reason for not being able to write your final exam, please list your exam(s) and provide full explanation in section C below. The Academic Appeals committee will review your request.

Course Code	Course Name	Professor	Exam Date and Time

C. Details of your request:

*Student Signature:*_____

Registrar

Granted: ☐ Denied: ☐ Registrar's Signature:_____

Reason for denying request:

Exam Rescheduling

The following exams have been rescheduled to the date, time and location indicated below.

Course Code	Professor	Date and Time	Room

Date received:	SSC:	VPA:	Student: