



PETITION TO RESCHEDULE EXAM

School of Law
Office of the Registrar

Student I.D.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

USF Email: \_\_\_\_\_@usfca.edu

Legal Name \_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_\_

Student Signature \_\_\_\_\_

Today's Date: \_\_\_\_\_

EXAM INFORMATION: Note- Two examinations on one day do not necessarily result in a conflict

Please indicate the rule under which you are entitled to reschedule an exam:

- 1) Two examinations are scheduled for the same time and date.
2) There are four or fewer hours between the scheduled end of one examination and the scheduled commencement of the next examination.
3) Three examinations scheduled on two consecutive calendar days.
4) Medical emergency/other extenuating circumstances (original documentation must be provided with this form)
Reason: \_\_\_\_\_

List all exams below and check exams with conflicts: (The administration will determine which exam, if any, will be rescheduled)

Table with 6 columns: Conflict, Course, CRN, Professor, Date, Time of Exam. Contains 5 rows for listing exams.

\*If approved you will receive an email via your USF e-mail account instructing you of your new exam date and time.

TO BE COMPLETED BY ASSISTANT DEAN OR REGISTRAR
[ ] Approved [ ] Denied
Exam to be rescheduled (course): \_\_\_\_\_
New Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_
Exam to be rescheduled (course): \_\_\_\_\_
New Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_
Assistant Dean/Registrar Date