UNIVERSITY OF SAN FRANCISCO
SCHOOL OF LAW
PETITION TO RESCHEDULE EXAM

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>
<thead>
<tr>
<th>Conflict</th>
<th>Course</th>
<th>CRN</th>
<th>Professor</th>
<th>Date</th>
<th>Time of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 LAW REGISTRAR

☐ Approved  ☐ Denied

Exam to be rescheduled (course): ________________________________________________________________

New Day: _________________  Date: _________________  Time: _________________  Room: _________________

Exam to be rescheduled (course): ________________________________________________________________

New Day: _________________  Date: _________________  Time: _________________  Room: _________________

_________________________  ____________________________
Law Registrar Signature  Date