

MAKE-UP EXAM REQUEST FORM

SALMON P. CHASE COLLEGE OF LAW
 NORTHERN KENTUCKY UNIVERSITY
 Highland Heights, KY 41099
 (859) 572-5884

Name: _____ Date: _____

Social Security Number: _____

Address: _____

Phone #: Home _____ Office _____ E-Mail _____

Year in Law School (circle) 1 2 3 4 Full-time Part-time

CONFLICT REASON

SEMESTER: (please circle)

Directly conflicting Exam Times Fall Spring Summer

Overlapping Exam Times Year: _____

Multiple Exams on the Same Day

Other (explain): _____

CONFLICTING EXAMS

| Instructor | Course Name | Scheduled Exam Date | Scheduled Exam Time |
|------------|-------------|---------------------|---------------------|
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| | | | |
| | | | |

For Office Use Only

Action on Request: Approved Denied Deferred

| | |
|---|------------------------|
| Exam Moved: | Date of Make-up Exam: |
| Time and Number of Hours of Make-up Exam: | Place of Make-up Exam: |
| Exam Moved: | Date of Make-up Exam: |
| Time and Number of Hours of Make-up Exam: | Place of Make-up Exam: |

Date

For the College of Law

Please return this form in hard copy to the Registrar in Room 314.
 You will be notified of the decision.