MAKE-UP EXAM REQUEST FORM

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

Name:_____ Date:_____

Phone #: Home_____Office_____E-Mail_____

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

CONFLICT REASON

○Directly conflicting Exam Times
○Overlapping Exam Times
○Multiple Exams on the Same Day
○Three Exams on Three Consecutive Days
○Evening Exam Followed by a Morning Exam
○Other (explain):_____

SEMESTER: (please circle)

Fall Spring Summer

Year:_____

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.