



Exam Conflict Form

MSU College of Law Center for Academics, Resources and Engagement

648 N. Shaw Lane, Rm. 230, East Lansing, MI 48824

Phone Number: 517-432-6835 ♦ Fax Number: 517-432-6855 ♦ Email: care@law.msu.edu

Print First & Last Name (Surname): _____ PID: _____

MSU Email Address: _____@msu.edu Phone Number: _____

Type of Request:

I have two exams scheduled at the same time **Date and Time of Conflict:** _____

I have three or more consecutive exams (for example, one evening exam and two exams immediately following the next day, or three exams in a day)

I have a personal exam conflict **Describe conflict:** _____

Please list the exams that are in conflict:

Course Number: _____ Section: _____ Professor: _____

Course Name: _____ Intend to use laptop (if applicable): Yes No

Course Number: _____ Section: _____ Professor: _____

Course Name: _____ Intend to use laptop (if applicable): Yes No

Course Number: _____ Section: _____ Professor: _____

Course Name: _____ Intend to use laptop (if applicable): Yes No

This form may be submitted via mail, fax, email, and in person to the address listed at the top of this form. **I have attached a copy of my Course Schedule for the given semester.** If this request is an exam conflict, I understand that 1) it is my responsibility to report to the Law Registrar’s Office 15 minutes before the first exam on the day in conflict, 2) I must remain sequestered for the interim period of exams on the day in conflict, and 3) it may be necessary to bring a lunch if I am sequestered through the lunch period.

Student Signature: _____ Date: _____

OFFICE USE ONLY

I authorize the following accommodations: _____

Assistant Dean for Student and Academic Affairs Signature: _____ Date: _____

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| Staff Initials: _____ | <input type="checkbox"/> SAMI | <input type="checkbox"/> SACO | Start Term: _____ | End Term: _____ |
|-----------------------|-------------------------------|-------------------------------|-------------------|-----------------|