



THE JOHN MARSHALL LAW SCHOOL

Request to Reschedule Exam Form

Please return the completed form to:
Academic Services, Suite 211 (State Street)
exams@jmls.edu

STUDENT INFORMATION

Last Name _____ First Name _____ ID NUMBER _____

<input type="checkbox"/> Academic An examination conflict is defined as: i. Two examinations with start times within 23 hours; ii. Three examinations on two consecutive days; or iii. Four examinations on four consecutive days. <i>This form must be submitted to the Academic Services Office no later than 60 days before the start of the final examination period.</i>	<input type="checkbox"/> Extraordinary Circumstances* <i>Please use the comments section below to explain your request (please review the policy noted below)</i> <ul style="list-style-type: none"> Requires written permission from the Vice Dean for Academic Affairs Appropriate documentation is required and must be submitted with this form. http://www.jmls.edu/registrar/pdf/final-exam-policy.pdf
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Please enter ALL course information below OR attach a copy of your schedule

Course number (ex. JD 123 1)	Course Title	Date of exam	Time of Exam	Instructor

***Comments:**

Signatures:

I am providing my digital signature and authorization by checking this box and including my full name _____ Date: _____

Full Name: _____ Date: _____

Vice Dean Action: ___ Approve ___ Approve with conditions (memo attached) ___ Deny ___ Other (memo attached)

Vice Dean: _____ Date _____