



EXAM CONFLICTS FORM

NAME:	
EMAIL ADDRESS:	
DATE:	

Exam Conflicts:

COURSE NO.	COURSE NAME	EXAM DATE

Other Exams:

COURSE NO.	COURSE NAME	EXAM DATE

Student Signature: _____

ASSOCIATE DEAN'S ACTION

Approved Disapproved Other Disposition

COMMENTS:

Signed: _____

Signature of Associate Dean

Date