

Michigan State University College of Law

STATEMENT OF EXAM CONFLICT

PID#: _____ **DATE:** _____

FIRST NAME: _____ **SURNAME:** _____

MSU E-MAIL ADDRESS: _____

PHONE NUMBER: _____

Day/Date of Conflict: _____

Time(s) of Conflict: _____

(Every effort will be made to accommodate you in your choice of exam times. However, the College reserves the right to mandate an exam schedule when it is in the best interest of the student body.)

1) Course which you wish to take the exam at the scheduled time:

Course Number: _____ Course Name: _____

Professor: _____

2) Exam to be rescheduled:

Course Number: _____ Course Name: _____

Professor: _____

3) Exam to be rescheduled:

Course Number: _____ Course Name: _____

Professor: _____

If the Professor is permitting use of laptops, are you planning on using a laptop? Y N

(Please check one answer)

I understand that it is my responsibility to report to the Registrar's Office fifteen (15) minutes before the first exam on the day in conflict. I further understand that I must remain sequestered for the interim period of exams on the day in conflict.

If the day in conflict runs through lunchtime, it will be necessary for you to bring a lunch, as you will remain sequestered.

Student's Signature: _____

Please submit to the Office of Student Engagement, Room 308, or by fax 517-432-6821.