EXAM CONFLICT FORM

Return completed Conflict Forms to Student Affairs, Suite 103, Barrack Hall or email to Molly Levy (molly.paige.levy@temple.edu) by **Wednesday**, **April 10**, **2024**.

Check the appropriate box:

I have a personal conflict, which is explained on the back of this form or in an attached letter. <u>Note:</u> Conflicts such as mandatory work obligations require supporting documentation from a supervisor on company letterhead.

	<u>Professor</u>	Scheduled Date & Time of Exa
······································		
In accordance with the rules set for	orth in the Exam Procedur	es and the Exam Schedule, I would
te to take	at the date & time s	scheduled because it is the earliest
(course name)		· · · · · · · · · · · · · · · · · · ·
heduled exam, and I would like to take		at a subsequent Free Slot of
	(course name)	
y choosing.		
If a third course is involved, complete th	he next line:	
I would also like to take	(course name) at a <u>st</u>	ubsequent Free Slot of my choosing.
	(course name)	
Note: No exam may be taken before	the scheduled date & tin	ne.
Please complete the following. Check	the appropriate box(es):	
ID Doy Devenin	~	
J.D. □ Day □ Evening	3	Name (please print)
,	5	Name (please print)
J.D. □ Day □ Evening JD/MBA		Name (please print) TUiD
, ,		
JD/MBA		
JD/MBA International LL.M.		TUiD
JD/MBA International LL.M. Tax LL.M.		TUiD