Exam Deferral Request Form – Due to the Registrar by March 31, 2017 at 2:00 PM

Name: ________________________________ Student ID M# _______________________
(Please print)

Year:  1L  2L  3L  LLM  Special | Phone: (home) ______________________ (cell) ______________________
(circle one)

I request that my _________________________ exam be deferred to _______________________
(Name of Class) (Deferral Day #1 or #2)

Reason for Request:

_____ Two exams scheduled on the same day (list both exams & date)

1. ________________________________ 2. ________________________________

_____ Three exams in a row in the first week (list exams & dates)

1. ________________________________ 2. ________________________________ 3. ________________________________

_____ Four exams in a row in the second week (list exams & dates)

1. ________________________________ 2. ________________________________

3. ________________________________ 4. ________________________________

_____ Other (please explain):

________________________________________________________________
________________________________________________________________

Student Signature ________________________________ Date: ______________________

<table>
<thead>
<tr>
<th>Action on Request:</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved:</td>
<td>Other</td>
</tr>
</tbody>
</table>

For the College: Date: ______________________

revised 2/15/17