UNIVERSITY OF CINCINNATI COLLEGE OF LAW
Exam Deferral Request Form

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 _______________________

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: _______________________

Action on Request: | Denied
Approved: | Other
For the College: | Date: