



School of Law
Office of the Registrar

UNIVERSITY OF SAN FRANCISCO  SCHOOL OF LAW

PETITION TO RESCHEDULE EXAM

Student I.D.# _____ - _____ - _____

USF Email: _____@usfca.edu

Legal Name _____

Telephone: (_____) - _____

Student Signature _____

Today's Date: _____

EXAM INFORMATION: Note- Two examinations on one day do not necessarily result in a conflict

Please indicate the rule under which you are entitled to reschedule an exam:

_____ 1) Two examinations are scheduled for the same time and date.

_____ 2) There are four or fewer hours between the scheduled end of one examination and the scheduled commencement of the next examination.

_____ 3) Three examinations scheduled on two consecutive calendar days.

_____ 4) Medical emergency/other extenuating circumstances (original documentation must be provided with this form)

Reason: _____

List all exams below and check exams with conflicts: *(The administration will determine which exam, if any, will be rescheduled)*

Conflict	Course	CRN	Professor	Date	Time of Exam
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

*If approved you will receive an email via your USF e-mail account instructing you of your new exam date and time.

TO BE COMPLETED BY ASSISTANT DEAN OR REGISTRAR

☐ Approved ☐ Denied

Exam to be rescheduled (course): _____

New Day: _____ Date: _____ Time: _____ Room: _____

Exam to be rescheduled (course): _____

New Day: _____ Date: _____ Time: _____ Room: _____

Assistant Dean/Registrar

Date