



# Exam Conflict Form

MSU College of Law ♦ Office of Student Affairs ♦ 648 N. Shaw Lane, Rm. 308, East Lansing, MI 48824  
Phone Number: 517-432-6835 ♦ Fax Number: 517-432-6855 ♦ Email: [osalaw@law.msu.edu](mailto:osalaw@law.msu.edu)

Print First & Last Name (Surname): \_\_\_\_\_ PID: \_\_\_\_\_

MSU Email Address: \_\_\_\_\_@msu.edu Phone Number: \_\_\_\_\_

Type of Request:

I have two exams scheduled at the same time **Date and Time of Conflict:** \_\_\_\_\_

I have three or more consecutive exams (for example, one evening exam and two exams immediately following the next day, or three exams in a day)

I have a personal exam conflict **Describe conflict:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list the exams that are in conflict:

Course Number: \_\_\_\_\_ Section: \_\_\_\_\_ Professor: \_\_\_\_\_

Course Name: \_\_\_\_\_ Intend to use laptop (if applicable):  Yes  No

Course Number: \_\_\_\_\_ Section: \_\_\_\_\_ Professor: \_\_\_\_\_

Course Name: \_\_\_\_\_ Intend to use laptop (if applicable):  Yes  No

Course Number: \_\_\_\_\_ Section: \_\_\_\_\_ Professor: \_\_\_\_\_

Course Name: \_\_\_\_\_ Intend to use laptop (if applicable):  Yes  No

This form may be submitted via mail, fax, email, and in person to the address listed at the top of this form. **I have attached a copy of my StuInfo Course Schedule (<https://reg.msu.edu/StuForms/StuInfo/Schedule.aspx>) for the given semester.** If this request is an exam conflict, I understand that 1) it is my responsibility to report to the Registrar's Office 15 minutes before the first exam on the day in conflict, 2) I must remain sequestered for the interim period of exams on the day in conflict, and 3) it may be necessary to bring a lunch if I am sequestered through the lunch period.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

I authorize the following accommodations: \_\_\_\_\_

\_\_\_\_\_

Assistant Dean for Student and Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: _____	<input type="checkbox"/> SAMI	<input type="checkbox"/> SACO	Start Term: _____	End Term: _____	Updated 7/30/19
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