

# Final Exam Conflict Accommodation Form

Please submit to G-2 Thackeray Hall, Office of the University Registrar, Classroom Scheduling by the monitored withdrawal date of the spring and fall terms. Questions: 412-624-7608.

## Student Information

**Last Name:** 
**First Name:** 
**MI:**

**PeopleSoft ID #** 
**Campus E-mail:**

**Phone #:** 
**Program:**

**Student Signature:** \_\_\_\_\_

I hereby certify that I have more than two final examinations in a 24-hour period and request an accommodation for a make-up examination. Below, I have obtained signatures showing that **none** of my instructors is able to schedule an alternative exam time.

I have attached a copy of PeopleSoft's "My Class Schedule" for Term .

These classes are involved with an exam conflict on (Exam Conflict Date) \_\_\_\_\_.

	Subject	Catalog #	Section	Class #	Instructor – Print Name	Campus E-mail
1.						
2.						
3.						

## Instructor Signature

	Instructor Signature	Date	Accommodation	Alternate Date/Location	Exam Time (am/pm)
1.			Y / N		
2.			Y / N		
3.			Y / N		

## Office of the University Registrar

Date Received \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Conflict Verified Y / N

Requires Dean's Approval Y / N Sent to \_\_\_\_\_ on \_\_\_\_\_.

## Dean's Office

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_.

Accommodation: \_\_\_\_\_