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 multiple final examinations at the same time or three or more 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: _____

_____.

06/10