

PURPOSE OF THIS FORM

This form is used by undergraduate students at the Pittsburgh Campus who have two final examinations scheduled at the same time, or three or more final examinations within a rolling 24-hour period. Students who qualify may request that one exam be rescheduled per the Final Exam Conflict Accommodation Guidelines. This form must be submitted to the Office of the University Registrar by the Monitored Withdrawal Deadline for the term.
Full guidelines and procedures: registrar.pitt.edu/finals

STUDENT DIRECTIONS

1. Download and complete this form. Ensure all fields in Sections A and B are filled out completely.
2. Take the completed form to each affected instructor listed in Section B and request a change in exam time. Each instructor must sign in Section C indicating whether they are able to accommodate the request.
3. If the conflict remains unresolved after approaching all instructors, submit the completed form to the Office of the University Registrar, G-3 Thackeray Hall, by the Monitored Withdrawal Deadline. Unresolved conflicts will be referred to the Dean's office of the school in which the course is offered.
 Questions? Contact the Office of the University Registrar at course@registrar.pitt.edu.

SECTION A — STUDENT INFORMATION

STUDENT NAME (LAST, FIRST, M.I.)		STUDENT ID NUMBER	
SCHOOL / ACADEMIC PROGRAM		CAREER	TERM
CAMPUS E-MAIL		PHONE NUMBER	

SECTION B — EXAM CONFLICT INFORMATION

EXAM CONFLICT DATE(S)						
#	SUBJECT	CATALOG #	SECTION	INSTRUCTOR NAME	INSTRUCTOR E-MAIL	EXAM DATE & TIME
1						
2						
3						

SECTION C — INSTRUCTOR SIGNATURES

Each instructor listed in Section B must sign below indicating whether they are able to accommodate the request and, if so, provide an alternative date, time, and location.

#	INSTRUCTOR SIGNATURE	DATE	CAN ACCOMMODATE	ALTERNATE DATE, TIME & LOCATION (if yes)
1			<input type="checkbox"/> Y <input type="checkbox"/> N	
2			<input type="checkbox"/> Y <input type="checkbox"/> N	
3			<input type="checkbox"/> Y <input type="checkbox"/> N	

SECTION D — STUDENT CERTIFICATION AND SIGNATURE

By signing below, I certify that I have a verified final exam conflict as described above, that I have approached each affected instructor with this form, and that I understand this accommodation is subject to the Final Exam Conflict Accommodation Guidelines of the Office of the University Registrar.

STUDENT SIGNATURE	DATE
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SECTION E — OFFICE OF THE UNIVERSITY REGISTRAR (FOR OUR USE ONLY)

DATE RECEIVED	AUTHORIZED SIGNATURE	CONFLICT VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	DEAN'S REFERRAL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION F — DEAN'S OFFICE

Complete this section to record the Dean's office decision and return the completed form to the Office of the University Registrar.

DEAN'S OFFICE REPRESENTATIVE SIGNATURE	DATE
DECISION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
ACCOMMODATION DETAILS / CONDITIONS (if applicable)	