

VALPARAISO UNIVERSITY SCHOOL OF LAW
Request for Examination Day/Time Change

Name: _____

Course: _____

Instructor: _____

Semester: **Fall** **Spring** **Summer** (circle one)

Year: _____

Exam scheduled for: _____
Date Time

(Rescheduled date must be following scheduled date.)

Date & time requested: _____
Date Time

Reason: _____

Verification Attached: Yes _____ No _____

Signature: _____
Student

Approved by: _____
Associate Dean for Academic Affairs

Please return form to the Registrar