NOTRE DAME LAW SCHOOL
EXAM CONFLICT/SPECIAL REQUESTS FORM

Name __________________________ Email ______________________ Cell # ____________

1. Please list the current schedule of your exams, including day of week, date, time block, course name and professor name.

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2. What exam conflicts do you have?

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3. Please list the accommodations needed and reason(s) there for (and attach available documentation if it has not been provided previously).

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Please note that in the case of scheduling conflicts, examinations will be re-scheduled to the next available non-conflicting date and time.

If you have a special request, you must discuss exam accommodations with the Director of Student Services before submitting this form.