Final Exam Conflict Accommodation Form

Please submit to G-2 Thackeray Hall, Office of the University Registrar, Classroom Scheduling at least seven days **prior** to the end of the monitored withdrawal date of the spring and fall terms. Questions: Phone 412-624-3043

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 calendar day 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