

**UC Davis
School of Law
Office of the Registrar**

***Exam Change
Request***

Date _____

Student's name _____ ID number _____

Student's Address _____ Phone _____

Circle year: 1L 2L 3L LLM Anticipated graduation date _____

NOTE: Consecutive days of exams do not constitute exceptional circumstances under the Regulations of the Faculty of the School of Law. The only basis on which an exam can be rescheduled is if a student has two regularly scheduled examinations on the same day. {2.2A(1)}

COURSE NO _____ COURSE TITLE _____

Exam scheduled for _____
(Original Exam Date)

Exam will be rescheduled to the following day unless student's schedule already has an exam scheduled on that day. In such a case, exam will be rescheduled to the next available day.

Reason for request

Please list your current exam schedule below

Request: _____ Approved
 _____ Denied

Hollis L. Kulwin
Asst. Dean for Student Affairs

FOR OFFICE USE ONLY:

RESCHEDULE TO: _____