

**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**