

**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.

2. What exam conflicts do you have?

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

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.