MOUNT SAINT VINCENT UNIVERSITY

msvu.ca

Exam Conflict Report Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registrar@msvu.ca

Complete this form and submit it to the Registrar's Office if you have overlapping exam times, a work commitment that cannot be changed (*documentation required*), or are scheduled to write three exams in three consecutive writing times.

Student ID# ______________ Last Name __________________________ First Name(s) __________________________

(_____)____________ Phone Number __________________________ Mount Email Address

List ALL of your exams in the order you are scheduled to write them (not just the exams which are in conflict).

My Complete Exam Schedule is as follows:		
Course Name/Number/Section	Exam Date & Time	Professor

Conflict Type:

- ❑ Scheduled to write two exams at the same time
- ❑ Scheduled to write three exams in three consecutive writing *times*
- ❑ Other ____

______________________ Date ______________________ **Student Signature**

OUT OF SEQUENCE ARRANGEMENTS - *To be completed by the Registrar's Office*

Sequence #: __________

Course ______________ New Date ______________ New Time ______________

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FACULTY APPROVAL

By signing, I agree to this out of sequence exam arrangement. ______________________ (Signature) __________ (Date)

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OUT OF SEQUENCE EXAM SLIP – *This slip must be presented to the exam coordinator in order to write your exam*

Sequence #: __________

Student ID# ______________ Student Name ______________________

Course ______________ New Date ______________ New Time ______________

By signing, I agree to this out of sequence exam arrangement. ______________________ (Signature) __________ (Date)

Location: Your exam will be written in the **Seton Auditorium.** Enter the Auditorium (enter through any auditorium door) at the start time for your exam. Go to the stage and present your slip to a faculty member on stage. They will give you your exam and advise you where to sit.