FALL 2025 – EXAM CONFLICT FORM

Request to Reschedule Exam:	nours apart. <u>Students wi</u> Donna <u>Glasper (<mark>DGlasper</mark>a)</u>		tion conflict must co er than close of busine		
Below please list all examinations in the date and order that they occur. Then, in the space below the examination schedule provide information about the examinations that conflict with each other. Complete Examination Schedule (In Date Order)	Student Name		Stude	ent #	
Complete Examination Schedule (In Date Order) Course Number and Name	E-mail Address				
Complete Examination Schedule (In Date Order) Course Number and Name Professor Exam Date Exam Time Conflicting Exams: Course Names/Professors: 1) 2) 3) 4) Honor Code Statement: You must read and sign the below statement. Thereby attest that I will uphold the honor code of Southern University Law Center regarding the aking of examinations. I state, on my honor, that I will not discuss the examination with anyone who has taken or seen the examination and that I have no advance knowledge of the contents of the examination. I further attest I will not discuss this examination until all students have taken it. I uttest that I will follow the instructions contained in the examination. Student Signature Date					
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