

UNIVERSITY OF CINCINNATI COLLEGE OF LAW
Exam Deferral Request Form

Name: _____ Student ID M# _____
 (Please print)

Year: 1L 2L 3L LLM Special | Phone: (home) _____ (cell) _____
 (circle one)

I request that my _____ exam be deferred to _____

Reason for Request:

_____ Two exams scheduled on the same day (list both exams & date)
 1. _____ 2. _____

_____ Three exams in a row in the first week (list exams & dates)
 1. _____ 2. _____ 3. _____

_____ Four exams in a row in the second week (list exams & dates)
 1. _____ 2. _____
 3. _____ 4. _____

_____ Other (please explain):

Student Signature _____ Date: _____

Action on Request:	Denied
Approved:	Other
For the College:	Date: