



Enrollment Services
Trinity (Washington) University
Main 154- 202.884.9530

Exam Conflict Resolution Request Form

Student Name: _____ PC ID Number: _____

Exam Year: _____ Exam Term: Fall Spring Summer

Phone Number: _____ Email: _____@students.trinitydc.edu

Type of conflict:

_____ Time (Simultaneous scheduling of more than one examination)

_____ Overload (Three or more examinations on the same day)

Please note the course ID, professor and scheduled exam times for the conflicting exams:

___i.e. BADM 101_ _Prof. Smith_____ _Tues 12:15 - 2:45_____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested Action:

I would like to reschedule my _____ final examination to:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

8:45-11:15 **12:15-2:45** **3:00-5:30**

Student Signature: _____ Date: _____

Enrollment Services Confirmation: _____ Date: _____

OfficeUse Only: Date Received: _____ Confirmed alternate time with professor: _____