

UNIVERSITY OF CINCINNATI COLLEGE OF LAW
Exam Deferral Request

Please Print: _____, 20__

Name: _____ **Student ID M#:** _____

Year: (circle one) 1L 2L 3L Special

Phone: Home: _____ Cell: _____ Work: _____

I request that my _____ **exam be deferred to** _____.

Reason for Request: (check one)

_____ Two exams scheduled on the same day (list both exams)

1. _____ 2. _____

_____ Other. Please explain:

Student Signature: _____ **Date:** _____

ACTION ON REQUEST:

_____ Approved	_____ Denied
_____ Other	

For the College of Law _____ **Date:** _____