



Exam Conflict Form



Name of Student: _____

Email of Student: _____

Exam Conflict (list the exams in conflict): _____ Level: (eg. 20-2) _____

Teacher of Course: _____

Originally scheduled exam date: _____ time: (circle) __AM or PM__

Reason for exam conflict: (NOTE – Having two exams scheduled on the same day at different times is NOT a conflict)

You must speak to your teacher, explain the situation and agree upon a new date and time in which the exam will be written. Then complete the following information below.

☐

Preferred Option:

(No further approval is required and this will be the new date, time and location of the exam)

June 19th (Conflict Day)

Am or PM (circle which you prefer)

Location: Learning Commons
(Lab A/B)

☐

Alternative Day

(Please note: this is subject to availability. You will be informed if this option is not available)

Proposed Date: _____

Am or PM (circle which you prefer)

Location: You will be informed where space is available

We have agreed on the above information and I will write the exam at the location, date and time agreed upon. My teacher will provide the exam to the Conflict Exam binder in the safe the day before the exam is to be written.

**PLEASE RETURN
THIS FORM TO
THE
MAIN OFFICE
UPON
COMPLETION**

Signature of Student

Signature of Teacher