

Hamline University School of Law Assistant Dean for Students	Exam Variance Form
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Student ID 9 ____ _	Email address
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Last name	First name
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Term <input type="checkbox"/> Fall <input type="checkbox"/> J-term <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20__ __	Variance is for <input type="checkbox"/> Time/Date Change <input type="checkbox"/> Accommodation
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Reason:

Please list the courses for which you are requesting a variance.

Course with Section Number & Faculty	Exam Date	Exam Time	Number of Hours

Signature	Date
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FOR OFFICE USE ONLY

Approved Yes No Reason:

Date	Signature	Print name
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Adjusted Exam Schedule

Course	Exam Date	Exam Time	Number of Hours

Additional Accommodations

***STUDENTS PLEASE NOTE:* REPORT TO THE EXAM ROOM AT LEAST 10 MINUTES BEFORE THE RESCHEDULED TIME. IF YOU HAVE A CLOSED BOOK EXAM, YOU MUST LEAVE ALL BOOKS AND BAGS IN THE REGISTRAR'S OFFICE.**

Office of the Registrar Staff Notified	Date
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