

**Hamline University School of Law
Office of the Registrar**

Exam Variance Form

Student ID 9 _____	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 Year 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	Exam Date	Exam Time	Number of Hours

Signature	Date
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FOR OFFICE OF THE REGISTRAR USE ONLY

Please attach internal transcript and forward to Assistant Dean.

Approved Yes No Reason:

Date	Signature	Print name
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Please see other side for adjusted exam schedule.

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