

FLORIDA COASTAL SCHOOL OF LAW
Examination Deferral Request Form

Last Name _____ First Name _____

Daytime Phone Number _____ Date _____

Valid reasons for request are:

1. { } Two exams at the same time;
2. { } Two exams in which there is less than two (2) hours from the end of the first exam and the beginning of the second exam;
3. { } Verified religious observance.

****PLEASE NOTE: ALWR PAPER courses and TAKE HOME EXAMS are not eligible for an exam deferral. Please be sure to notify us immediately if this applies to any of your exams. We will contact you immediately upon our being notified of the same.***

PLEASE LIST YOUR ENTIRE EXAM SCHEDULE

Will you be using Examssoft:

Course Name _____	Instructor _____	Exam Date _____	Start & End Time _____	Yes/No
Course Name _____	Instructor _____	Exam Date _____	Start & End Time _____	Yes/No
Course Name _____	Instructor _____	Exam Date _____	Start & End Time _____	Yes/No
Course Name _____	Instructor _____	Exam Date _____	Start & End Time _____	Yes/No
Course Name _____	Instructor _____	Exam Date _____	Start & End Time _____	Yes/No

Student signature