## **EXAM CONFLICT FORM**

Return completed Conflict Forms to Student Affairs, Suite 103, Barrack Hall or email to Molly Adame (molly.adame@temple.edu) by **Monday**, **November 17, 2025.** 

## Check the appropriate box:

I have a personal conflict, which is explained on the back of this form or in an attached letter. <u>Note:</u> Conflicts such as mandatory work obligations require supporting documentation from a supervisor on company letterhead.

	Professor Scheduled Date & Time of
	·
	·
In accordance with the rules	set forth in the Exam Procedures and the Exam Schedule, I would
ke to take(course name	at the date & time <b>scheduled</b> , and I would like to take
	_ at a <u>subsequent</u> Free Slot of my choosing.
(course name)	_ at a <u>subsequent</u> Free plot of my choosing.
f a third course is involved, complete	e the next line:
I would also like to take	at a subsequent Free Slot of my choosing.
Note: No exam may be taken before	ore the scheduled date & time.
Please complete the following. Che	eck the appropriate box(es):
J.D. □ Day □ Even	
JD/MBA	Name (please print)
	- <del></del>
International LL.M. Tax LL.M.	TUiD
International LL.M. Tax LL.M. Transnational LL.M.	TUiD
Tax LL.M.	Telephone Number
Tax LL.M.	