Wayne State Univer	rsity Law Scho	ool Exam Variance Requ	est for (Fall/Winter	·/Summer) 20
The Law School's Academic	Regulations permit	variances from the regularly sche	duled time and date for an exam ONLY under the	following circumstances:
(2) A student has three or m	nore final examination	at the same time on the same day ons scheduled within a single 24-h es based on a disability or ESL ac		other extraordinary circumstances".
A variance request must be	submitted to the Ass	sistant Dean for Student Affairs E	ACH SEMESTER for which a variance is requeste	d for any exam.
Student Name and Wayn	ne Access ID (prir	nt):		
Student Contact Telepho	one Number and	Wayne E-Mail:		
Course Name	Professor	Scheduled Exam Time/Date	Requested Exam Time/Date/Other Variance* (Approved Time/Date/Variance)	Reason for Variance Request (attach relevant documentation if preferred)
* If requested variance is o	only additional time	e, please indicate: □ 1.5x □ 2:	x 🗆 other:	
By signing below, I certify that I meet the requirements stated above to qualify for an exam variance.				Notes: Office Use Only
Student Signature: Date:				
Approved:				
		, Assistant D	ean for Student Affairs	
Revised 12/5/2019				