Wayne State Univers	sity Law Scho	ool Exam Variance Requ	est for(Fall/Winter	/Summer) 20
The Law School's Academic Regulations permit variances from the regularly scheduled time and date for an exam ONLY under the following circumstances:				
(2) A student has three or mo	ore 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		ther extraordinary circumstances".
A variance request must be submitted to the Office of Student Academic Affairs EACH SEMESTER for which a variance is requested for any exam.				
Student Name and Wayne Access ID (print):				
Student Contact Telephone 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 or	nly 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 Dean of Student Affairs				
Revised 12/5/2019				