

T.C.

ÜSKÜDAR ÜNİVERSİTESİ

İNSAN VE TOPLUM BİLİMLERİ FAKÜLTESİ

.../...../20..

**EXAM CONFLICT FORM**

Student Full Name: .....

Student Number: ..... Student Mobile Number:.....

Department/Programme:..... Year:.....

Conflicting Exam Date and Time: .....

The exam that will be taken on the scheduled time:.....

Instructor: .....

The exam that will be taken on the Conflicting Exam time:.....

Instructor: .....

The student declares the exam he/she will take on the date and time of the conflicting exams as above.

**Student Signature**

**Signature of the Exam Coordinator of the Department**

**\*NOTE:** You must take the exam of your department/year at **the announced/scheduled** time. You will then take your Double Major, Minor or any other non-departmental exams at a different time within the same day, to be announced by your instructor.