

Faculty of Physical Education and Health  
University of Toronto

Examinations Conflict Form

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Examinations in Conflict:	Dates	Time	Professor's Name

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*for office use:*

Rescheduled Examination(s):		
Rescheduled Time(s):		
Location(s):		
Further Particulars:		

Contact Person: \_\_\_\_\_ tel: \_\_\_\_\_

Department: \_\_\_\_\_

Date arrangement made: \_\_\_\_\_ BPHE staff member: \_\_\_\_\_

Action taken: \_\_\_\_\_