جامعة الأمير سلطان
PRINCE SULTAN UNIVERSITY

If you are filling this form electronically, **please use Adobe Acrobat Reader on a desktop or laptop**. Avoid using mobile phones or web browsers, as your entries may not be saved correctly.

Final Exam Conflict Resolution Form

- This form is intended **only** for students in their final semester **prior to the Cooperative Education or Internship semester**.
- A final exam conflict is defined as **two** final exams scheduled at the same time and day.
- The student must complete this form and obtain all required signatures. Once approved, the student will take the first exam as originally scheduled. Immediately after submitting the answer sheet, the student will be administered the second exam. The course instructor of the second exam must agree to be present and invigilate the alternative session on the same day.

STEP 1 STUDENT DETAILS (to be filled by the student)

Student Name: _____ Student ID: _____

Major: _____ College: _____ Mobile: _____

STEP 2 List of Conflicts (to be filled by the student)

Course Code	Course Title	Section Number	Course Instructor	Exam Time

Final Exam Date: _____

STEP 3 Student Acknowledgment (to be filled by the student)

I understand that it is my responsibility to complete this form and submit it to the Deanship of Admission and Registration. I also acknowledge that I will take the first final exam as originally scheduled. Immediately after submitting the first exam, I will be provided with the second exam and take it under supervision. I accept these conditions.

Student Name: _____ Date: _____ Signature: _____

STEP 4 Academic Advisor Verification (to be filled by the academic advisor)

I confirm that the above-named student is in the final semester prior to the Cooperative Education or Internship semester.

Advisor Name: _____ Date: _____ Signature: _____

STEP 5 Course Instructor Acknowledgment (to be filled by the course instructor)

I confirm my agreement to administer a special final exam session for the student on the same day, immediately after the completion of their other exam. I will be present to invigilate both my course's regular final exam and the student's individual session.

Time The individual exam session will take place from _____ to _____.

Course Instructor Name: _____ Date: _____ Signature: _____

STEP 6 APPROVAL SIGNATURES - *Signature indicates approval*

Department Chair: _____ Signature: _____ Date: _____

ECC* Chair: _____ Signature: _____ Date: _____

FOR DAR USE ONLY

Processed (Date):_____ By:_____ Signature:_____

*Exam Control Committee