

Email completed form to [registrar@northeastern.edu](mailto:registrar@northeastern.edu)  
Phone: 617.373.2300 • Fax: 617.373.5351 • [www.northeastern.edu/registrar](http://www.northeastern.edu/registrar)

**Purpose:** Use this form if you have a conflict in your final exam schedule due to one of the following reasons:

Three exams scheduled in one day

or

Two exams scheduled at the same time

For any other reason, you must negotiate directly with your instructor.

Name: _____	NUID: _____
Program: _____	Graduation year: _____
Today's date: _____	NU email: _____@husky.neu.edu
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2	Year: _____

**Submit** this form (a) in person at the office of the registrar (271 Huntington Avenue) or (b) by emailing the form to [scheduling@northeastern.edu](mailto:scheduling@northeastern.edu) with the words "Final Exam Conflict Form" in the subject line.

**You must include** a copy of your final exam schedule with this form. If you submit the form by email, your final exam schedule must be submitted in **PDF format**.

**Deadline** for filing this form with the registrar's office: The fourteenth calendar day following the last day of online class add. Please see the online academic calendar ([www.northeastern.edu/registrar/calendars.html](http://www.northeastern.edu/registrar/calendars.html)) for details. Exam conflicts will not be negotiated by the registrar's office after the deadline. A decision regarding your exam conflict will be made after the deadline and can be picked up in the registrar's office (271 Huntington Avenue).

**Results as determined by the registrar (for office use only):**

1. Reschedule the following course \_\_\_\_\_. Please provide Professor \_\_\_\_\_ with the attached memo to verify your need to reschedule.
2. The exam for \_\_\_\_\_ has been rescheduled to \_\_\_\_\_.
3. There is no conflict in your exam schedule. Please note the actual times for your exams.
4. Other: \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

Re: Final Exam Conflict

This is to certify\* that \_\_\_\_\_ has permission through the Faculty Senate and with the approval of the deans of undergraduate full-time programs to have the final examination in course \_\_\_\_\_ rescheduled at a time convenient to both you and the student. The student has been approved to reschedule due to one of the following reasons: Student has three exams scheduled in one day or two exams scheduled at the same time. Instructors are required to accommodate approved conflict resolution requests from the registrar's office.

\*Only valid with official seal of Northeastern University Office of the Registrar.