



HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School

Academic Services • 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • (617) 495-0977 • fax: (617) 495-3662 • distance_exams@extension.harvard.edu

Examination Conflict Form

A conflict examination is defined as having two Harvard examinations (or a class meeting and an examination) *on the same day at the same exact time*. In the event of a conflict, both examinations will be administered on the same day. One examination will be with the regular class and the other examination will be administered prior to or after the other examination depending on the time of the conflict. Two examinations that are held at different times on the same day are *not* considered conflicts. You are required to take both examinations on the same day.

Complete the information below. Return the form to Academic Services, 51 Brattle Street, 4th floor, or fax or email the completed form to (617) 495-3662 or distance_exams@extension.harvard.edu at least one week before the examinations. When arrangements have been made for an alternate time you will be notified by Academic Services of the new time and reporting place.

Student Information

DCE ID NUMBER*							
@							

(see www.extension.harvard.edu/login or www.summer.harvard.edu/login if unsure)

FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

CURRENT ADDRESS*		
Street		
City	State/Province	Zip/Postal code

EMAIL ADDRESS*

DAYTIME PHONE NUMBER*

* Required fields

Course Number One example: 30016 | BIOS | S-74 | Marine Life and Ecosystems of the Sea

Required:	5-digit course reference no. (CRN)	Subject	Subject number	Course title (and section number, if applicable)

Time and date of examination or class meeting _____

Room location _____ Instructor _____

Course Number Two example: 30016 | BIOS | S-74 | Marine Life and Ecosystems of the Sea

Required:	5-digit course reference no. (CRN)	Subject	Subject number	Course title (and section number, if applicable)

Time and date of examination or class meeting _____

Room location _____ Instructor _____