

Letter of Appeal for Exam Time Conflict

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal regarding a conflict in my examination schedule that I have discovered. I have two exams scheduled for the same day, [Insert Date], at overlapping times:

- [Course Name and Time of Exam 1]
- [Course Name and Time of Exam 2]

This conflict poses a significant challenge for me, as I am unable to attend both exams simultaneously. I have taken various steps to address this conflict, including [briefly mention any steps taken, e.g., contacting professors, checking the exam schedule, etc.].

I kindly request your assistance in resolving this issue, as I wish to ensure fairness in my evaluation. I am hopeful for any alternative arrangements that can be made, such as scheduling one of the exams at a different time.

Thank you for your consideration of my appeal. I look forward to your prompt response so that I can plan accordingly.

Sincerely,

[Your Name]

[Your Student ID]