DUQUESNE UNIVERSITY
SCHOOL OF LAW

PROSPECTIVE PROCTORING TIMES

NAME:_____ _____ _____
(Last) **(First)** **(Middle)**

PHONE: _____

EMAIL ADDRESS: _____

Please list the date(s), course(s) and time(s) you would be available to proctor below:

DATE	COURSE	TIME

PLEASE NOTE: YOUR PROCTORING ASSIGNMENT(S) IS NOT FINALIZED UNTIL IT HAS BEEN CONFIRMED BY THE LAW SCHOOL REGISTRAR'S OFFICE.

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