RESCHEDULING OF TEST – NOTIFICATION FORM

This form is to be used if:

• You have already submitted a request online and your instructor has changed the date
• if you are writing a make-up test/quiz
• the original test/quiz falls on a religious/holy day

Please complete this form, and, if possible, submit it to AccessAbility Services 14 days before the new date of the quiz/test/exam.

Student Name: _____________________________________________
Student Number: ____________________________________________
Course Code: ______________________________________________
Lecture Section: ____________  Tutorial Section: ________________

ORIGINAL DATE of Test/Quiz: ______________________________________
NEW DATE of Test/Quiz: ___________________________________________
Reason for Rescheduling: __________________________________________
NEW START TIME of Test/Quiz: _____________________________________
LENGTH of Test/Quiz: _____________________________________________
Has the test location changed? If yes, indicate new location: ______________
Any Changes to Aids Allowed? ______________

The purpose of this form is to notify AccessAbility Services of the date/time change of an already scheduled quiz/test/exam. By signing this form, you agree with the information being provided to our office. Thank you.

Student Signature: _____________________________________________  Date: ____________________