



## **RESCHEDULING OF TEST – NOTIFICATION FORM**

**This form is to be used if you have already submitted a request form and your instructor has changed the date OR if you are writing a make-up quiz/test/exam.**

Please fill out this form **completely**, have the instructor sign it, and hand it to AccessAbility Services **SEVEN BUSINESS DAYS** before the new date for the quiz/test/exam.

### **TO BE COMPLETED BY STUDENT**

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**ORIGINAL DATE** of Quiz/Test/Exam: \_\_\_\_\_

**NEW DATE** of Quiz/Test/Exam: \_\_\_\_\_

Reason for Rescheduling: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **TO BE COMPLETED BY INSTRUCTOR**

New Start Time of Quiz/Test/Exam: \_\_\_\_\_

Length of Quiz/Test/Exam: \_\_\_\_\_

Has the exam room changed? If yes, indicate new location: \_\_\_\_\_

Any Changes to Aids Allowed? \_\_\_\_\_

#### **Note to the Instructor:**

Please review the above information. 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.

Instructor Name (PLEASE PRINT): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_