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: ________________