



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: _____