

Alternate Exam/Test Rescheduling Request Form

Check this box if this Rescheduling Request is for religious accommodation.

Students currently registered with Student Accessibility Services **MUST** use this form to request rescheduling of any exam/test/quiz. This form should be used to schedule an exam/test at a **different** time/date than the original time/date. It is not to be used to schedule an exam/test at the same time/date as the original test.

Student Information

Student Number	Student Name
Telephone	E-mail

I understand that the booking of a specific date/time as recommended by the course instructor is dependent on space availability in the Alternate Exam Centres.

Student's Signature	Date (dd/mm/yy)
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I understand it is my responsibility to provide a signed copy of this form **at least five (5) business days before the rescheduled exam/test date (minimum)**.

Based on the guidelines listed above, I require examination accommodation for the following:

Course Information

Term <input type="checkbox"/> Y <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> S1 <input type="checkbox"/> S2	Course Code / Section (i.e., PSYC 1010 A)	Original Exam/Test Date (dd/mm/yy)	Exam/Test Duration
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Course Instructor Information

I have approved the rescheduling request to be written:

On first available date On a set deferred / makeup date _____ No later than _____

Course Instructor Name	Signature
Course Instructor E-mail	Date (dd/mm/yy)

I am attaching an e-mail authorization from the course instructor in lieu of the course instructor's signature.

Submit completed forms to:

Online at altexams.students.yorku.ca/ask-a-question/ or Student Accessibility Services located in the Student Success Centre (Glendon Campus, YH B108)

Office Use Only Date Received