

Alternate Exam/Test Rescheduling Request

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

Students currently registered with Counselling & Disability Services **MUST** use this form to request rescheduling of any exam/test.

Student Information

Student Number	Student Name
Telephone	E-mail

Is your record updated? Check your current contact information at currentstudents.yorku.ca/student-personal-information.

I understand that the booking of a specific date/time as recommended by the course instructor is dependent on the availability of an invigilator, room and assistive software/adaptive equipment.

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 business days before the rescheduled exam/test date.**

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

Course Information

Term FW F W S	Course Code and Section	Original Class Date (dd/mm/yy) and Exam/Test Duration
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Course Instructor Information

I have approved the rescheduling request to be written:
 On a specific date (dd/mm/yy) _____ **OR** By the following date (dd/mm/yy) _____

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:

Registrarial Services, Bennett Centre for Student Services, or fax to 416-650-8129 or
 online at altexams.students.yorku.ca/ask-a-question.

DO NOT place this form in the drop boxes located in the lobby.

Office Use Only	Date Received _____	Conf _____
Date _____	Time _____	Room _____
Extra Time _____ % <input type="checkbox"/> Comp <input type="checkbox"/> Room <input type="checkbox"/> Read <input type="checkbox"/> Scribe <input type="checkbox"/> Kurz <input type="checkbox"/> Dragon <input type="checkbox"/> Jaws <input type="checkbox"/> Enlarge Breaks Min/Hr _____		