



Examination Services Exam Request Form

Student Number:	Student Name:	Telephone #:	UWO E-mail Address:
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COURSE	CODE	SECTION	Instructor's Name
(Example) Psychology	(Example) 2000	(Example) 001	

IF THIS IS A DISTANCE STUDIES COURSE, PLEASE ENTER YOUR EXAM LOCATION HERE:

Date of Quiz/Test/Exam	Exam Start Time	Regular Length of Exam	Location in which Class is Writing the Exam
1.			
2.			
3.			

If you are handing in a late request, you **MUST** fill out a detailed explanation. Late requests will **NOT** be considered without a suitable explanation.

Requirements to write exams with Examination Services:

https://ssl.sdc.uwo.ca/students/login_ssd.html

Please review the requirements. By signing this form, you acknowledge, and agree to the information contained at the above website.

Detailed Explanation for Late Request (required):

Please attach any supporting documentation.

❖ It is your responsibility to check your exam start time and location by selecting the Exam Schedule Login Page link at https://ssl.sdc.uwo.ca/students/login_ssd. User Name: UWO email user name Password: UWO email password.

❖ Complete one Exam Request Form for each course. You may also complete this form online by following this link: https://ssl.sdc.uwo.ca/students/login_ssd.

❖ Submitting a late exam request form **DOES NOT** guarantee you will be using our service. Check your UWO email for a response within 5 business days.

Student Signature _____ Date: _____

If you require assistance, please contact Examination Services at (519) 661-4011 or email accommodatedexams@uwo.ca.

