SSD-King’s Exam Change Form

This form serves ONLY to change information from a previously submitted or scheduled Accommodate Exam Request. (Do not use the Makeup Exam Request Form)

Student Number: _____________________________ Name: _____________________________

COURSE: _____________________________

CODE: _____________________________

SECTION: _____________________________

Instructor’s Name: _____________________________

DETAILS OF CHANGE REQUESTED: (example: change start time from 10am to 9am)

REASON CHANGE REQUESTED: *required field* (example: need to attend class at 11:30)

☐ The scheduled exam conflicts with your class or with another exam due to your accommodations
☐ Timing difficulty with mobility restrictions
☐ Timing of scheduled exam conflicts with your accommodation e.g. only able to write in the morning
☐ Other: _____________________________

To change the regular date and/or time (that is when your class would be writing) of a test, quiz or exam the signature of your professor is required.

Instructor’s Signature: _____________________________ Date: _____________________________

Please submit completed form to Wemple, Room W160