



Accommodated Exams Makeup Exam Request Form

The Section To Be Completed By Student	
Student Name:	Student Number:
Student Signature:	Date:
Course/Code/Section:	Professor's Name:
Date of <u>ORIGINAL</u> Exam:	
Type of Exam:	
<input type="checkbox"/> Test/Quiz <input type="checkbox"/> Midterm <input type="checkbox"/> Final	

To request a makeup test, quiz or exam, please obtain the following information, and then submit the completed form to Room 2140 Western Student Services Building. Incomplete forms will not be accepted.

1. To Be Completed by Academic Counsellor	Academic Counsellor's Name:	Academic Counsellor's Signature:	Date:
--	------------------------------------	---	--------------

Please Note: In the absence of a scheduled class makeup exam date, Examination Services reserves the right to schedule the makeup within a reasonable time based on the availability of resources.

2. To Be Completed by Course Instructor	Instructor's Name:	Instructor's Signature:	Date:
	Date of Makeup Exam:		

For Office Use Only:		
Date Submitted:	Date Completed:	Notes: