



# Accommodated Exams Makeup Exam Request Form

<b>The Section To Be Completed By Student</b>	
<b>Student Name:</b>	<b>Student Number:</b>
<b>Student Signature:</b>	<b>Date:</b>
<b>Course/Code/Section:</b>	<b>Professor's Name:</b>
<b>Date of <u>ORIGINAL</u> Exam:</b>	
<b>Type of Exam:</b>	
<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.

<b>1. To Be Completed By Course Instructor</b>	<b>Instructor's Name:</b>	<b>Instructor's Signature:</b>	<b>Date:</b>
	<b>Date of Makeup Exam:</b>		

**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.

<b>2. To Be Completed by Academic Counsellor</b>	<b>Academic Counsellor's Name:</b>	<b>Academic Counsellor's Signature:</b>	<b>Date:</b>
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<b>For Office Use Only:</b>		
<b>Date Submitted:</b>	<b>Date Completed:</b>	<b>Notes:</b>