

Rescheduling Testing Accommodations

Please complete entire form and return to student assistant in the SSC. Thank you!

Student Name: _____ **Semester:** _____

Class: _____ **Instructor:** _____

Class days: (please circle) *Monday Tuesday Wednesday Thursday Friday*

Class Start Time _____ **Class End Time** _____

Note: Your form **cannot** be processed if you do not have an exact start and end time for your exams. To calculate this, ask your instructor for the time length of the exams. Then, multiply that time by your extended time length (1.5x, 2x, etc). Then, consider how early you must start your exam to return on time for lecture, if applicable.

Exam Changes

Previous Exam Date:	Start Time:	End Time:
New Exam Date:	Start Time:	End Time:

Previous Exam Date:	Start Time:	End Time:
New Exam Date:	Start Time:	End Time:

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New Exam Date:	Start Time:	End Time:

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New Exam Date:	Start Time:	End Time:

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New Exam Date:	Start Time:	End Time:

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New Exam Date:	Start Time:	End Time:

Previous Exam Date:	Start Time:	End Time:
New Exam Date:	Start Time:	End Time:

I agree that I have given a copy of my accommodations letter to my instructor. I also agree that I have calculated my testing time to the best of my ability with an accurate start and end time.

Student Signature: _____

Office Use Only	
Name of Student Assistant	Date Entered in Calendar
_____	_____