REQUEST TO WRITE/SUBMIT ON A DIFFERENT DATE

TEST □ EXAM □ ASSIGNMENT □

Student Name: _______________________ Course: _______________________

Explanation for request:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

A note is required from:   Doctor □   Dentist □   Lawyer □
Professor □   Funeral Director □   Employer □   Other □

Permission has been granted:   YES □   NO □

“NEW” Date of Exam/Test/Assignment:   _________________________________

Time: __________ Room #: __________

I have received permission to write test/exam or submit assignment at a different time than some of the other students in my course. I will not accept information, ask questions or seek information, either passively or actively, from anyone that will compromise the integrity (e.g. disclosing content/structural/results) of the test/exam/assignment. Nor will I discuss the test/exam/assignment with any of the other students in my course. If I do, I am aware that I will receive a grade of “F” in the course.

If, for whatever reason, I am not present for the rescheduled test, I will receive a mark of zero.

Student Signature: _______________________ Date: _______________________

Professor/Coordinator Signature: _______________________ Date: _______________________