



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:	