



Missed Test/Exam Make-Up Request

Student Development Centre, Services for Students with Disabilities

Student Information

Student name:

Student number:

SSWD Staff Approval

The above student requests a make-up test/exam for the scheduled exam below which he/she missed due to confirmed illness or disability-related reasons. Please direct questions to the student's Case Manager.

Phone extension:

Date:

SSWD staff signature: _____

Scheduled Exam Information

Exam Date	Course Code	Section	Start Time	End Time	Instructor's Name

Make-Up Exam Information (TO BE COMPLETED BY INSTRUCTOR)

Make-Up Date	Start Time	Alternate Script?		Has medical note been provided?	
		YES	NO	YES	NO

Instructor Agreement

I understand that SSWD will administer the make-up exam on my behalf, provided that 1) the student returns this form to the SSWD Exam Centre seven days before the make-up exam as listed above, and 2) I supply the exam script **no later than two days prior** to the make-up exam date (via email to sswd@brocku.ca or delivered to ST411).

Instructor's signature: _____

Date: _____

Due Date

The student must return this form to the SSWD Exam Centre seven days before the make-up exam as listed above.