Accessibility Services – UTM

Room DV2037B Tel: 905 569 4699

Pease fill out information related to your online **late Test/Exam request**

|  |  |
| --- | --- |
| Today’s date |  |
| Student name |  |
| Student number |  |
| Course code |  |
| Date of exam |  |
| Start time - end time |  |
| Urgent accommodations |  |
| Is this test in-person or online |  |

Reason for requesting a late add:

For office use only:

* Exam Added Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Exam not added Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason:

Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_