# **TEST AND EXAM ACCOMMODATION REGISTRATION FORM**

TEST AND EXAM SERVICES - UNIVERSITY OF TORONTO - ST. GEORGE CAMPUS

#### STUDENT INFORMATION

LAST NAME FIRST NAME STUDENT NUMBER UNIVERSITY E-MAIL DISABILITY COUNSELOR

#### **TEST/EXAM INFORMATION**

COURSE CODEMEETING SECTIONDATE OF TEST/EXAMTIME OF TEST/EXAMLENGTH OF TEST/EXAM(E.G. PSY100H1F)(E.G. LEC 0201)(DD/MM/YYYY)(E.G. 2:10 PM)(E.G. 110 MINUTES)

**COURSE INSTRUCTOR'S COURSE INSTRUCTOR'S COURSE INSTRUCTOR'S** MAKE-UP **DEFERRED DEFERRED** NAME E-MAIL ADDRESS **TELEPHONE NUMBER TERM TEST?** \* **TERM TEST? \*\*** FINAL EXAM? \*\*\* NO NO NO YES YES YES

#### ADDITIONAL COMMENTS ABOUT THE TEST/EXAM

(E.G. LECTURE IMMEDIATELY BEFORE OR AFTER THE TEST/EXAM, AUDIO OR VISUAL COMPONENT, BELL RINGER FORMAT, BLACKBOARD ACCESS REQUIRED, ETC.)

## LATE REGISTRATION

If you are submitting this registration form after the term or exam period registration deadline (as applicable), below, briefly outline your reason for missing the registration deadline. Please note that accommodations are not guaranteed to late registrants.

# By completing and submitting this Test and Exam Accommodation Registration Form:

- I confirm that University of Toronto staff and faculty may be informed of my name and/or my authorized academic accommodations on a need-to-know basis.
- 2. I acknowledge that I am not guaranteed test/exam accommodations if I am submitting this registration form after the registration deadline.

## **SUBMISSION INSTRUCTIONS**

- 1. Save the completed form to an easily-accessible location on your computer, such as the desktop.
- 2. E-mail the completed form as an e-mail attachment to te.registration@utoronto.ca.

<sup>\*</sup> MAKE-UP TERM TEST? Date and time must be pre-authorized by the instructor.

<sup>\*\*</sup> **DEFERRED TERM TEST?** Attach your notice of deferral approval.

<sup>\*\*\*</sup> DEFERRED FINAL EXAM? Attach your deferred exam schedule.