

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 CODE
(E.G. PSY100H1F)

MEETING SECTION
(E.G. LEC 0201)

DATE OF TEST/EXAM
(DD/MM/YYYY)

TIME OF TEST/EXAM
(E.G. 2:10 PM)

LENGTH OF TEST/EXAM
(E.G. 110 MINUTES)

COURSE INSTRUCTOR'S
NAME

COURSE INSTRUCTOR'S
E-MAIL ADDRESS

COURSE INSTRUCTOR'S
TELEPHONE NUMBER

MAKE-UP
TERM TEST? *

DEFERRED
TERM TEST? **

DEFERRED
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.)

* **MAKE-UP TERM TEST?** Date and time must be pre-authorized by the instructor.

** **DEFERRED TERM TEST?** Attach your notice of deferral approval.

*** **DEFERRED FINAL EXAM?** Attach your deferred exam schedule.

LATE REGISTRATION

IF YOU ARE SUBMITTING THIS REGISTRATION FORM AFTER THE TERM OR EXAM PERIOD REGISTRATION DEADLINE (AS APPLICABLE), BRIEFLY OUTLINE YOUR REASON FOR MISSING THE DEADLINE BELOW. NOTE THAT ACCOMMODATIONS ARE NOT GUARANTEED TO LATE REGISTRANTS.

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

1. 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.**

OFFICE USE ONLY

RECEIVED BY: _____

DATE RECEIVED: _____

PROCESSED: YES NO

TEST (YELLOW)

EXAM (BLUE)

LATE (PINK)