

# 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*:

- 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.
- I acknowledge that I am not guaranteed test/exam accommodations if I am submitting this registration form after the registration deadline.

## SUBMISSION INSTRUCTIONS

- Save the completed form to an easily-accessible location on your computer, such as the desktop.
- E-mail the completed form as an e-mail attachment to [te.registration@utoronto.ca](mailto:te.registration@utoronto.ca).

OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

PROCESSED: YES NO

TEST (YELLOW)

EXAM (BLUE)

LATE (PINK)