



RESCHEDULING OF EXAM REQUEST

Please read: Only under serious circumstances will a student be permitted to take an exam other than at the scheduled time. **This form should be used if a student is requesting to take exams early or late due to circumstances that are out of the student's control.** If a student is simply changing the day/hour to ease their exam schedule on a given day, (but not to finish earlier) an email notification from the teacher to Ms McMaster is all that is necessary.

DATE OF REQUEST: _____ (should be two weeks in advance)

STUDENT NAME: _____ GRADE: _____

COURSE: _____ TEACHER: _____

STEP 1: STATE THE REASON FOR THE REQUEST/PARENT SIGNATURE:

*Signature indicates that the parent believes there is a serious circumstance which makes it impossible for their daughter to take her exam at the regularly scheduled time. **Documentation (airline tickets, camp registration confirmation, doctor's note, invitation, etc....) must be provided with this form before the request can be granted.**

SIGNATURE OF PARENT/GUARDIAN

STEP 2: ADMINISTRATIVE APPROVAL: *Signature indicates that Administration agrees that the reason(s) given for the request is serious enough to ask special consideration of the teacher.

MRS SATTLER OR MS MCMASTER _____

Comment:

STEP 3: TEACHER APPROVAL: Please present this form to your teacher for a signature. Indicate in the comment section the arrangement made to take this exam.

COMMENT:

*Signature indicates that the teacher is able to set up an alternate plan, which will not inconvenience the teacher in a major way.

TEACHER: _____

STEP 4: Please return this completed form to the Administrator above two (2) weeks prior to the exam for final approval.