



SSD-King's *Makeup Exam Request Form for term tests, quizzes or *exams

***For final exams, you will be required to use a “*Recommendation for a Special Examination*” form**

To be completed by student:

Student Number:	Student Name:
Course/Number/Section: <i>(Eg. Psychology 1000 570)</i>	
Original Exam Date:	Instructor's Name:
Date:	Student's Signature:

To be completed by Instructor:

In the absence of a scheduled class make up exam date SSD King's will work with the student to establish a date within a reasonable time based on the availability of resources

Class Makeup Date:	OR	Date by which student must write:
Instructor's Signature:	Date:	

To be completed by an Academic Counsellor

Academic Counsellor's Name:	Academic Counsellor's Signature:	Date:
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Submit completed form to: Wemple, Room W160