

## Change of Test Date Form

This form must be submitted at least 2 school days before the scheduled test date. You will be notified no later than the day before the test if you have been approved. If you do not receive approval, you will be required to take the test on the assigned day.

Student Name: \_\_\_\_\_ Period: \_\_\_\_\_

Name of course that you are requesting a different test date:

\_\_\_\_\_

Name of unit/test that you are requesting a different test date:

\_\_\_\_\_

Date and day of week that test is scheduled for \_\_\_\_\_  
(date) (day of week)

	Other test scheduled for the same date	Other test scheduled for the same date
Course		
Teacher		
Period		

Your scheduled test will be rescheduled for\*: \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
(date) (time) (location)

\*must be on the following school day unless arranged with the teacher.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Approval: \_\_\_\_\_ Date: \_\_\_\_\_