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	ON					
COURSE CODE (E.G. PSY100H1F)	MEETING SECTION (E.G. LEC 0201)	DATE OF TEST/EXAM (DD/MM/YYYY)	TIME OF TEST/EXAI (E.G. 2:10 PM)	М	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	
			** DEFERRED TERM TEST? Attach your notice of deferral approval. *** DEFERRED FINAL EXAM? Attach your deferred exam schedule.			
LATE REGISTRATION		GISTRATION FORM AFTER THE TERM SING THE DEADLINE BELOW. NOTE T				
By completing and subm	itting this Test and Exam Accon	mmodation Registration Form:	SUBMISSION INS	STRUCTIONS		
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.			Save the completed form to an easily-accessible location on your computer, such as the desktop.			
2. I acknowledge that I am not guaranteed test/exam accommodations if I am submitting this registration form after the registration deadline.			2. E-mail the completed form as an e-mail attachment to te.registration@utoronto.ca.			
OFFICE USE ONLY R	RECEIVED BY: DATE	RECEIVED: PROCE	SSED: YES NO	TEST (YELLOW)	EXAM (BLUE) LATE (PINK)	