

Exam/Test Accommodation Request Form

Student Name:	
Student ID #:	
Email address:	
	0.6.1
Program:	(Michener Email address only)
Program: Semester:	(Michener Email address only)

Important Guidelines:

- 1. Please double check that the exam dates and times listed below are accurate.
- 2. Please submit this completed form to the SSN office, Room 1316 at least 2 weeks (14 days) before the first exam date. Completed forms can also be emailed to SSN at success@michener.ca.

Exam Date	Course Code	Start Time	Finish Time	Accommodated Finish Time	Faculty Name

 Date subn	Land
Date subn	mtted