

Student Accessibility Resources Permission to Change Data and/or Time of Quiz/Test/Exam

If a student requests to take his/her exam on a different date/time, the student must receive approval from his/her instructor. The instructor must sign this form and send the approved form through campus mail or email to sar@gulfcoast.edu and testingcenter@gulfcoast.edu. Instructors may also send an email to SAR stating that the student has permission to change the test date or time. Students who do not have approval will be sent back to class and the instructor will be contacted.

Ctual and Name at

Student Name.	_
Student ID:	
Course:	
Test Date and Time:	
The above referenced student has my permission to take the following alternative time or date:	ce his or her quiz/test/exam (circle one) on
Name of Exam:	_
Reschedule Date/Time:	_
Additional Information (optional):	
By signing this form, I understand that the student and I change in the scheduled date and/or time of the above	
Instructor Signature	Date
SAR Office Use Only:	
Date Received:	
Pagaired by:	