



**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.

Student Name: _____

Student ID: _____

Course: _____

Test Date and Time: _____

The above referenced student has my permission to take his or her quiz/test/exam (circle one) on the following alternative time or date:

Name of Exam: _____

Reschedule Date/Time: _____

Additional Information (optional): _____

By signing this form, I understand that the student and I have made an agreement to allow a change in the scheduled date and/or time of the above referenced quiz/test/exam.

Instructor Signature

Date

SAR Office Use Only:

Date Received: _____

Received by: _____