

ALTERNATE EXAM TEST AGREEMENT FORM

Tramble Centre for Accessible Learning

Name: _____ ID # _____ Cell # _____

The circumstances and details of the nature of your disability will not be disclosed by the Tramble Centre to anyone without your written consent.

- A signed **Letter of Accommodation** must be returned to the Centre before any tests can be scheduled.
- Students must submit via email all testing/exam requests to **Jacque Wilson** at jwilson@stfx.ca with at least **3 business days advance notice** to ensure that an appropriate space, technology and proctor can be scheduled.
- Tests and exams are scheduled at the **same time as class**; Centre staff cannot change the time of tests and exams (Extra time can occur directly before the class time, if you have class directly after the scheduled test)
 - If a **test** needs to be scheduled at a different time because of exceptional circumstances, the student needs to obtain permission from the **instructor**.
 - If an **exam** needs to be scheduled at a different time because of exceptional circumstances, the student needs to obtain permission from the appropriate **Dean**.
 - **In the above-approved situations, the Centre will coordinate one alternate testing time only.** Any changes beyond this will require the student to make arrangements to write the test/exam with the course instructor.
- It is the **student's responsibility** to notify the course instructor of a missed test/exam and to request permission to reschedule. **Please note that permission to reschedule is at the discretion of the course instructor and is not guaranteed.**
- It is important to **arrive on time** for the scheduled test/exam or the student may not be able to write, depending on the lateness of arrival.
- Students are **expected to cancel requests** for testing as soon as they are aware they will not write as scheduled. If a student cancels with less than 24 hours' notice or "does not show", the student's account will be charged a \$25.00 fee.

I have reviewed the information noted above and understand that if I do not follow these guidelines and supporting procedures, accommodations for my tests/exams cannot be guaranteed. **I understand that if I do not sign this agreement form, alternate tests and exams cannot be scheduled and I will have to write in class.**

Student Signature: _____

CAL Staff Signature: _____

Date Signed: _____