



UHN

Michener Institute of Education

Exam/Test Accommodation Request Form

Student Name: _____

Student ID #: _____

Email address: _____
(Michener Email address only)

Program: _____

Semester: _____

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 1 333 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 submitted