

University of Tasmania
SCHOOL OF ECONOMICS

Request to sit a test at an alternative time

This form is to be completed and signed by the student

The student must hand in this form at the School of Economics Office 24 hours prior to the date of an in-class test. If the request is based on medical reasons, then the form must be accompanied by a copy of the medical certificate.

THE STUDENT MUST HAND IN THIS FORM AT LEAST 24 HOURS PRIOR TO THE DATE OF THE IN-CLASS TEST

Family Name: _____

Given Name: _____

Student Number: _____

Email Address: _____

Unit Code: **BEA** _____

Unit Name: _____

Brief statement of reason for requesting an alternative date and time for in-class test (supporting documents if any should be attached):

Students signature: _____ Date: _____

OFFICE USE ONLY

Date and Time when the in-class test will be held: _____

Lecturer's signature: _____

Secretary's signature: _____ Date: _____