



## Early Childhood Education

Request for an Alternate  
Test/Quiz Date

**Note:** The granting of an alternate date to write a test/quiz is at the discretion of the Academic Manager or Director who will also schedule the new date.

**Student's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Course Instructor:** \_\_\_\_\_

**Test:** \_\_\_\_\_

**Original test date:** \_\_\_\_\_

Documentation attached (e.g. doctor's note, etc)

Reason(s) for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

**Approved by:**

\_\_\_\_\_  
Academic Manager / Director

\_\_\_\_\_  
Date

**New test date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_