

REQUEST FOR RE-TEST

Application Form

Name: _____

Course: _____

Date: _____

Block: _____

Which test do you want to rewrite? _____

Original Test Score: _____

Please **explain** why you should be allowed to re-take this test.

I understand the following details apply to a retest:

- I will be required to show up to the lunch hour AI program for **a minimum of two** practice / study days before I will be eligible to write the Retest
- **All my work from the retest chapter** will be properly completed (marked and corrected) and handed in to my teacher
- The **retest mark will be kept**, not an average or higher mark

STUDY DATES: _____

TEST DATE: _____

Student Signature

Parent / Guardian Signature

Teacher Use Only

Retest Approved: Yes O No O