

Request to Retest

If you wish to retake a test, you must fill out this form, complete this form and get it signed by your parent/guardian. You have **two weeks** from the date the original test **was returned to you** to retake your test.

Name: _____ Date: _____

Test you would like to retake: _____

Concepts covered on test: _____

Date original test was returned: _____ Original test score: _____

REFLECT

Explain your low test score. _____

PREPARE

List what you have done to prepare yourself for the retest:

1. _____

2. _____

3. _____

COMMIT

I request the opportunity to retest this concept. I have worked hard to improve my understanding of this concept and I am ready to retest.

Your Signature _____

Parent/Guardian Signature _____