Assessment Retake Request

You must submit this form and get it approved by Ms. Smith.

**Name:** ________________________________________________  **Course:** _____________

**Name of Original Assessment:** __________________________________________

**Retake Deadline:** _____________

**Competencies you would like to retake:**

You must…

1. Do Test Corrections (be sure to follow the guidelines for doing test corrections found on the class website and on the course expectations)
2. Meet with Ms. Smith to discuss the test corrections
   
   **Date and Time you want to meet with Ms. Smith:** _____________ at ____:_____

3. Meet in Room 255 to take the retake
   
   **Date and Time you want to do the retake:** _____________ at ____:_____

**Remember that you must complete the retake within 5 days of the original assessment. No meeting may take place during class time!!!**

4. Submit this form for Ms. Smith’s approval.
5. Bring your test corrections to the meeting with Ms. Smith
6. STUDY!!!!
7. Come in to retake the assessment.

**Don’t be upset by the results you didn’t get with the work you didn’t do.**

Or

**Good mathematics is not about how many answers you know… It’s how you behave when you don’t know.**