EXAM SCHEDULING FORM: ACCOMMODATIVE SERVICES

Phone: 267-3267 Fax: 267-3268 E-mail: housese Address: 111 Sisson Hall

Student: _____ Exam Date: _____ Start Time: _____

Course: _____ Instructor: _____

EXAM ACCOMMODATIONS:

_____Extended Exam Time _____Reader/Scribe Present

_____Distraction Reduced Exam Room _____Other:

TO BE COMPLETED BY PROFESSOR

EXAM DELIVERY (Please choose one):

_____Fax exam to 267-3268.

_____E-mail exam to housese.

_____Instructor or designee will bring exam to Accommodative Services Office.

_____Student will bring exam to Accommodative Services Office

EXAM RETURN (Please choose one):

_____Fax completed exam to: _____

_____E-mail completed exam to: _____

_____Instructor or designee will pick up completed exam at Accommodative Services

_____Student will return completed exam to instructor in a special security envelope.

SPECIAL EXAM INSTRUCTIONS:

_____Open book _____Use of calculator

_____Open notes _____Use of dictionary

_____ _____

Student Signature / Date Accommodative Services Staff Signature / Date

_____

Instructor Signature/ Date

SPECIAL NOTES

* Exam forms should be completed by student **three days prior to test date**.
* Students arriving fifteen minutes after start time may be asked to return to the instructor to arrange alternative exam accommodations.