EXAM SCHEDULING FORM
OFFICE of ACCOMMODATIVE SERVICES (OAS)

Student: ___________________________ Exam Date: _______ Start Time: __________
Course: _______________ Course Time: ___________ Instructor: ________________

Exam Accommodations:

______ Extended Exam Time 1.5 2.0 ______ Test Reader ______ Other:
______ Distraction Reduced Exam Room ______ Computer for Writing

TO BE COMPLETED BY PROFESSOR

Exam Delivery (Please choose one):

______ Instructor will e-mail exam to oas@potsdam.edu.
______ Instructor or designee will bring exam to Accommodative Services Office.

Exam Return (Please choose one):

______ OAS will e-mail (no Scantron sheets) completed exam within 2 business days to:

__________________________
______ Instructor or designee will pick up completed exam at Accommodative Services.
______ OAS will deliver exam to department office within 2 business days.

Special Exam Instructions:

______ Open book ______ Use of calculator ______ Scantron
______ Open notes ______ Use of dictionary ______ Exam Green Book
Other:

Student Signature / Date ___________________ Accommodative Services Staff Signature / Date

______ Instructor Signature/ Date ___________________ Exam Pick Up Signature/ Date

Special Notes:
* This Exam Scheduling form should be completed by student three business 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.