

**EXAM SCHEDULING FORM
OFFICE of ACCOMMODATIVE SERVICES (OAS)**

Phone: 267-3267 E-mail: oas@potdam.edu Address: 111 Sisson Hall

Student: _____ Exam Date: _____ Start Time: _____

Course: _____ Course Time: _____ Instructor: _____
Example: 9:00-9:50

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@potdam.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.