



Exam Accommodation Form

Professor completes top portion upon testing service request:

Student: _____ Exam to be administered by: _____ Date _____ Time _____

Professor: _____ Ext. /Phone: _____ COURSE CODE: _____

Reason for Testing Services: Disability request English not Primary language

Testing Materials (Mark all that apply): Exam Scan Tron Other: _____

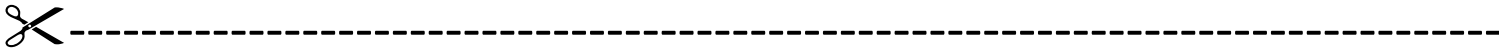
Student may use (Mark all that apply): Calculator Dictionary Notes Textbook Translator

Additional Instructions: _____

Class Exam Time Limit _____

Student Exam Time Limit _____

Table with 2 columns: For Pathways Use, Peer Initials. Rows: Exam Start Time, Completion Time.



Pathways Testing Agreement signed by student (on file with Pathways' Academic Success Associate)

Testing Protocol reviewed: no cell phones, no personal items, no leaving testing room once exam is started

Student: _____ Date exam taken: _____

Professor: _____ COURSE CODE: _____

Ext. /Phone _____ Professor notified: _____ Date/Time _____

Reason for Testing Services: Disability request English not Primary language

Exam retrieved by Professor Signature _____ Date _____

Exam retrieved by other Signature _____ Date _____

Class Exam Time Limit _____

Student Exam Time Limit _____

Table with 2 columns: For Pathways Use, Peer Initials. Rows: Exam Start Time, Completion Time.