



Exam Accommodation Form

To be completed by Professor when testing services are requested:

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: _____

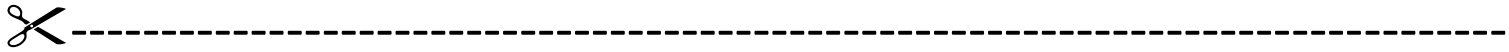
Student may use (Mark all that apply): Calculator Dictionary Notes Textbook Translator

Additional Instructions: _____

Class Exam Time Limit _____

Student Exam Time Limit _____

For Pathways Use	Peer Initials
Exam Start Time _____	_____
Completion Time _____	_____



TESTING PROTOCOL REVIEWED: NO CELL PHONES, NO PERSONAL ITEMS, NO RESTROOM/DRINKS

Peer Signature _____ Student Signature _____

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 _____

For Pathways Use	Peer Initials
Exam Start Time _____	_____
Completion Time _____	_____