



Exam Accommodation Form

Professor completes top portion upon test service request:

Student: _____ Exam to be completed 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 _____	_____



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

– Reminder of no cell phones, no personal items, no leaving testing room once exam is started –

TESTING ROOM or OFFICE: _____

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 _____	_____