

# ARC

(Academic Resource Center)

## 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 ARC Use	Peer Initials
Exam Start Time _____	_____
Completion Time _____	_____



### ARC Testing Agreement signed by student *(on file with ARC's Disability & Access Coordinator)*

– 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 ARC Use	Peer Initials
Exam Start Time _____	_____
Completion Time _____	_____