



Exam Accommodation Form

(Place in sealed envelope with completed exam)

To be completed by Professor when testing services are requested:

Student: _____ **Date to be administered by:** _____

Professor: _____ **Course Number:** _____

Phone/ext: _____

Testing Materials (Mark all that apply)

- Exam
- Scantron
- Other: _____

Reason for Testing Services (Mark all that apply)

- Disability request
- English not Primary language

	YES	NO
Calculator	<input type="checkbox"/>	<input type="checkbox"/>
Notes	<input type="checkbox"/>	<input type="checkbox"/>
Textbook	<input type="checkbox"/>	<input type="checkbox"/>
Dictionary	<input type="checkbox"/>	<input type="checkbox"/>
Translator	<input type="checkbox"/>	<input type="checkbox"/>

Time Limit: _____

For Office Use Only

Exam Start Time _____

Completion Time _____

Additional Instructions: _____

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To be completed by Pathways Peer when student takes exam (Put in ASA's box when completed)

Peer's Initials _____

Student: _____ **Date exam taken:** _____

Professor: _____ **Professor notified:** _____

Date/Time

Phone/ext: _____

Exam retrieved by Professor _____
Signature Date/Time

Exam retrieved by Other _____
Signature Date/Time

Reason for Testing Services (Mark all that apply)

- Disability request
- English not primary language

Exam Start Time _____

Completion Time _____