

**EXAM ACCOMMODATIONS REQUEST**

**REMEMBER:** You must have this sheet **in 5 DAYS before your exam** to receive accommodations; school days **Monday-Friday only, weekends do not count.**

**Today's date** \_\_\_\_\_ Student Name \_\_\_\_\_

Student Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Day & Date of exam \_\_\_\_\_ Normal Class Time \_\_\_\_\_ to \_\_\_\_\_ \*

**DO NOT INCLUDE EXTENDED TIME**

**\*If extended time testing cannot be completed due to a scheduled class following the exam, Please indicate alternate time to test.** \_\_\_\_\_

Course with level # \_\_\_\_\_ Class Building & room # \_\_\_\_\_

Prof. Office Room # \_\_\_\_\_ Prof. Name \_\_\_\_\_

Prof. Office Phone # \_\_\_\_\_ - Look it up if you don't know the number.

Accommodation(s) (Circle those you are qualified/approved to use.)

Proctor Scribe Computer Reader Distraction free environment Extended time

Calculator Enlarged Copies Other \_\_\_\_\_

**FOR OFFICE USE ONLY** Call Instructor \_\_\_\_\_ Time Allotted for Exam \_\_\_\_\_

Pick up exam from \_\_\_\_\_ Return exam to \_\_\_\_\_

Confirm with Proctor \_\_\_\_\_ Email \_\_\_\_\_

Confirm with Student \_\_\_\_\_ Email \_\_\_\_\_

Administration Location \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proctor Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Start Time** \_\_\_\_\_ **Completion Time** \_\_\_\_\_ **Total Time Used** \_\_\_\_\_

Thank You!  
Jim Joque, Coordinator Disability Services  
Disability Services, 103 SSC

Pat Hetzel, Program Assistant  
Andrea Newby & Karen Pauly

(715)346-3365 Office  
(715)346-4143 Tests  
Exam request form

DO NOT COPY