FACULTY TEST ACCOMMODATION FORM
FOR OFFICE OF DISABILITY SERVICES

Faculty may e-mail the exam, have the student pick-up the exam or deliver the exam to the Office of Disability Services 120 Horton Hall

FACULTY’S NAME:
Office Phone Number:
Department:
STUDENT’S NAME:

The date the test should be completed: ____________________________

Since the test cannot be returned through the campus mail, choose how the test should be returned:

[ ] Student returns test in a sealed/initialed envelope.
[ ] Professor or department representative will pick up test.

ACCOMMODATIONS & INSTRUCTIONS
(Check all that apply)

[ ] Use of a laptop [ ] Open book
[ ] Use of calculator [ ] Open book for one part only
[ ] Reader/Scribe [ ] Open notes
[ ] Note cards [ ] Open notes for one part only
[ ] EXTENDED TIME [ ] Other: _________________________________

Special Instructions:

START TIME: ______ END TIME: ______

Professor’s Signature/Date __________________________________________
Office of Disability Services Signature/Date __________________________

Sealed By: ____________________________ Date: ____________________
Released To: ___________________________ Date: ____________________
Departure Time: __________

Office of Disability Services
120 Horton Hall
477-1364 or 477-1329