

**SERVICES FOR STUDENTS WITH DISABILITIES
EXAM ADMINISTRATION FORM
MUST BE RETURNED WITH EXAM TO AD 7**

Please note: Exams are only administered M-F between 8:30 am and 5 pm. The exam must be accompanied by a completed administration form or the exam will not be administered and will not be rescheduled.

To be completed by Student:

Student Name: _____ Banner ID: _____
Course Number: _____ Email: _____

To be completed by Instructor:

Instructor's Name: _____ Phone #: _____
Department: _____ Email: _____

Date of Exam: _____ Time of Exam: _____

SSD will only change an exam time with written consent from the instructor and only in extenuating circumstances.

Consent to change exam time/day: Signature _____

New Exam Date: _____ New Exam Time: _____

Length of the regular class: _____ Time allowed for accommodation: _____

Exam Information (check all that apply to student testing conditions)

- | | |
|--|---|
| <input type="checkbox"/> Notes allowed | <input type="checkbox"/> No notes allowed |
| <input type="checkbox"/> Open book | <input type="checkbox"/> Closed book |
| <input type="checkbox"/> Calculator allowed | <input type="checkbox"/> No calculator |
| <input type="checkbox"/> Scratch paper allowed | <input type="checkbox"/> Scratch paper must be returned with test |
| <input type="checkbox"/> Dictionary allowed | <input type="checkbox"/> No dictionary allowed |
| <input type="checkbox"/> Scantron | <input type="checkbox"/> Bluebook |

Special Instructions: _____

I will pick up completed exam in SSD Please return to department mailbox

Signature: _____ Date: _____

For SSD office use only:

How was the test delivered to SSD? Student brought exam in a sealed, signed envelope
(The above option violates procedure and compromises the integrity of the exam)

Dropped off Picked up by SSD Faxed to 397-1820

Emailed to awest@jcu.edu Emailed to mcicirelli@jcu.edu

Date test was proctored: _____ SSD Staff Member: _____

Beginning Time: _____ Ending Time: _____