Test Accommodation Form

Today's Date ___________________________ Date of Test ___________________________ Time of Test ___________________________

Student's Name ___________________________ Email Address ___________________________ Phone # ___________________________

Professor's Name ___________________________ Course Title ___________________________ Course Day & Time ___________________________

NOTE: The student is responsible for returning this form to ODS seven (7) days prior to any exam or exam will have to be taken in class. Due to limited space, ALL exams are scheduled.

Professor’s Section

Delivery of exam:

[   ] I will deliver the exam myself or send someone else.

[   ] Student will pickup exam in a sealed envelope with signature across the seal and bring it unopened to ODS.

[   ] I will email the exam.

Send to:  slaugust@xula.edu  (ODS Coordinator) and  tmlabran@xula.edu  (Office Manager)

Return of Exam:

[   ] I will pick up the exam.

[   ] Seal, sign over seal, and have student hand carry to professor.

[   ] ODS staff return completed exam to Bldg. ____________ Room # ____________.

Check all that may apply

Student is allowed to use:

[   ] Calculator  [   ] Notes  [   ] Book  [   ] Scratch Paper

[   ] Dictionary  [   ] Periodic Table  [   ] Ruler/scales  [   ] Other ___________________________

Special instructions: __________________________________________________________ ____________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Exams should be in the ODS office (Bldg. 15) by 5:00 pm the day before it is scheduled

Professor's signature ___________________________ Date ___________________________

Contact number in case student has questions during the exam ___________________________