

EXAMINATION REQUEST FORM:

Class Exam Date:

Scheduling:

Instructor: Complete ALL sections of this form. Send this form and EXAM to disabilitysvc@ncf.edu or drop off at the Counseling and Wellness Center one week prior to exam date to reserve space for testing.

Student Name:

Course Name:

Course Instructor:

COMPLETED EXAM RETURN

Hold for pick up by instructor

Class Exam Time:

To make a selection double left click on shaded box and select "checked" then OK

Amount of Time Class Allotted for Exam:

SCHEDULING AND DELIVERY

Exam must be taken on same date and

time as class	Send exam by interoffice mail to:
Exam may be taken on alternative date	
→ Must be completed by this date :	
Delivery: Instructor/Dept. designee drop-off Interoffice mail Email: disabilitysvc@ncf.edu	Email to instructor at: Other
Authorized Testing Materials (Check all that apply): Calculator Scrap Paper Notes Charts/Tables Text book(s) Computer Internet Access Formulas None of above Other:	
Accommodations (Check all that apply): Extended Time, 2x normal time allowed Use of computer for written sections; Internet access blocked Readers for test Other:	
Instructor Signature:	Date: