DISABILITY SERVICES TEST REQUEST FORM

This form is for use when the professor is unable to accommodate the student within the department or school. This form must be completed by both student and professor and returned to the Office of Disability Services (309 Union) no later than 3 business days before the exam, to ensure room availability. One form must be completed for each exam requested.

THIS SECTION TO BE FILLED OUT BY THE STUDENT

Student Name ___________________________________________  Phone Number ___________________________________________

Email _____________________________________________________________________________________________________

Class Name ___________________________________________  Number and Section __________________________

Accommodations
☐ Distraction reduced room  ☐ Extended time _____ %  ☐ Other ___________________________________________

Student: I agree to have this form filled out and returned to Disability Services at least three business days before the date I need to take the exam. I have spoken to my professor and we have agreed that I will take the test in the Disability Services office.

__________________________________________________________________________________________  ______________________________
Student Signature  Date

THIS SECTION TO BE FILLED OUT BY THE PROFESSOR

Professor Name ___________________________________________________________________________________________

Email ______________________________________________________________________________________________________  Phone Number (8:30am-4:30pm) ______________________________________

Length of time for exam in class _______________________________  Date/time of exam in class __________________________

What format is the test in? Please check all that apply:
☐ Scantron (Professor must provide)  ☐ Blue book (Disability Services will provide)  ☐ Student will write on test

Testing Aids Allowed:
☐ Calculator  ☐ Note Card  ☐ Open Note/Book  ☐ Page of Notes  ☐ Other (please specify) ____________________________________________

How will Disability Services receive the test? Please check one:
☐ Email to Disability Services (disabilityservices@duq.edu)  ☐ Deliver to Disability Services (309 Union)

How will you receive the test once the student has completed it? Please check one:
☐ Professor Pickup in Room 309 Union  ☐ Delivery: Building __________________________  Room # ______________

Special Instructions: ______________________________________________________________________________________

Professor: I have spoken with the student and I agree to send the exam to the Office of Disability Services at least 24 hours before the date and time the student is scheduled to take the exam in the Disability Services office.

__________________________________________________________________________________________  ______________________________
Professor Signature  Date

FOR OFFICE USE ONLY

Test Scheduled For:
Date: _________ Time: _________