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 ______________________ 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 ______________________