

Disability Services – Alternative Exam Request Form

1. All testing must be arranged at the same time as the class unless otherwise agreed upon by the instructor.
2. Testing hours are available M-Th 8am – 5:30pm; F 8am – 4:30pm. Testing outside of these times must be arranged with the instructor/department.
3. It is the student's responsibility to **return these request forms no later than 5 business days prior to the exam**. Requests for **Final Exams must be returned no later than 3 weeks prior to the start of the final exam period**.
4. Students using alternative exam arrangements must comply with the UNT Dallas Code of Conduct and maintain standards of academic integrity.
5. Students using alternative exam arrangements must comply with all policies and procedures of Disability Services.

TO BE COMPLETED BY THE STUDENT

Name: _____ ID#: _____
Phone: _____ UNT Email: _____
I agree to comply with all disability services policies and procedures.
Signature _____

TO BE COMPLETED BY THE INSTRUCTOR

Course: _____ Date and Time: _____ Instructor: _____

Exam Date: _____ Exam Start Time: _____ Time Allowed For Exam in Class: ____ hr ____ min

Instructor's Phone: _____ Fax: _____ Email: _____

Exam will be hand delivered to DAL2 Room 200 sent via email to cynthia.suarez@untdallas.edu

May student schedule exam at a date/time that is different from the class exam time (for evening classes and students with overlapping exams only)? YES NO

If yes, what is the allowable time window for the exam? *Between* _____ *and* _____

Materials Permitted: (Instructor completes)

- | | |
|----------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Textbook | <input type="checkbox"/> Notes _____ |
| <input type="checkbox"/> Standard Calculator | <input type="checkbox"/> Formula Sheet |
| <input type="checkbox"/> Graphing Calculator | <input type="checkbox"/> Scratch Paper (No. of sheets: _____) |
| <input type="checkbox"/> Breaks _____ | <input type="checkbox"/> Scantron (include with exam if instructor provides) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Blue Book/Paper (include with exam if instructor provides) |

Post-Exam Directions (instructor chooses option)

- Deliver to Instructor: Mailbox Office Pick-up by Instructor

Signature: _____ Date: _____

TO BE COMPLETED BY DISABILITY SERVICES

Accommodations: (Disability Services completes based on approved accommodations only)

- Extended Time _____
 Alternate Answer Sheet (no Scantron)
 Scribe
 Reader
 Formula Sheet/Memory Cue Sheet
 Word Processor
 Assistive Technology/Services (CCTV, Interpreter, etc)

ID Checked Locker _____
Assigned Proctor: _____
Back-up Proctor: _____
Exam Date & Time: _____
Exam End Time: _____
Actual Start Time: _____
Actual End Time: _____
Breaks: _____

Comments _____