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) ☐ Notes ________________
☐ Textbook ☐ Formula Sheet
☐ Standard Calculator ☐ Scratch Paper (No. of sheets: _____)
☐ Graphing Calculator ☐ Scantron (include with exam if instructor provides)
☐ Breaks ________________ ☐ Blue Book/Paper (include with exam if instructor provides)
☐ Other ________________

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) ☐ ID Checked ☐ Locker _________
☐ Extended Time_______ Assigned Proctor: __________________________
☐ Alternate Answer Sheet (no Scantron) Back-up Proctor: __________________________
☐ Scribe Exam Date & Time: __________________________
☐ Reader Exam End Time: __________________________
☐ Formula Sheet/Memory Cue Sheet Actual Start Time: __________________________
☐ Word Processor Actual End Time: __________________________
☐ Assistive Technology/Services (CCTV, Interpreter, etc) Breaks: __________________________

Comments ___________________________

Revised Jan 2013