

UNTD Disability Services – Alternative Exam Request Form

1. **Faculty:** All quizzes, tests and exams throughout the semester should be submitted to the Office of Disability Services a minimum of **2 days prior to the test** and **one week prior to mid-term and final exam**.
2. A **new form** must be submitted for every quiz, test and exam.
3. Testing hours are available Tuesday, Wednesday and Thursday 8:30 am – 5:30 pm; Monday & Friday, 8:30 am – 4:30 pm. Testing outside of these hours must be arranged with the student, instructor and disability services department. All testing must be arranged at the same time as the class unless otherwise agreed upon by the instructor.
4. The test should be placed in a 9x12 envelope and sealed by the instructor. (Envelopes are available in the Office of Disability Services. The instructor attaches the Alternative Exam Request Form to the front of the envelope and signs their name over the seal to ensure confidentiality.)
5. The quiz, test or exam is to be delivered to the Office of Disability Services located in the Student Center Suite 1104. The office hours are Monday – Friday, 8:30 am – 5:30 pm. Afterhours, you may leave your test in the mailbox across from the Office of Disability Services.
6. The instructor should sign the log when they drop off test or exam to the Disabilities Office.
7. Adjuncts who are not on campus may email the test along with the Alternative Exam Request Form to untddisability@untDallas.edu.
8. Disability office staff will print the test along with the Alternative Exam Request Form and place in a sealed envelope, and attach the Alternative Exam Request Form to the envelope.
9. The Disability Service Office will log the date and time test or exam was received.
10. The sealed envelope will be placed in a locked file cabinet located in a closet inside Office 1106.
11. When the student arrives for the test, the alternative testing form will be removed from the front of the envelope. The sealed envelope will be given to the test taker. Upon completion of the test, the test taker will place it in an envelope, seal it, and sign it. ODS staff will place a confidential sticker on envelope and will place it in the locked file cabinet until they are able to ensure its delivery to the instructor.
12. If the faculty member picks up the test, they will sign the form stating that they have picked it up.
13. **Student:** It is the student's **responsibility** to provide the instructor with the signed alternative test form. The student may give the form to the instructor when they turn in their accommodation form or at least one week before the test. The **instructor** completes the form and attaches it to the quiz, test or exam.
14. **Instructors should make as many copies of the form as necessary; one copy for each quiz, test or exam.**
15. The **student is responsible** for notifying the Disability Services Office of the upcoming quiz, test or exam in order to reserve the DSO testing room. Please schedule at least a **week in advance** or when test has been scheduled. This allows reserving additional rooms and staff to proctor the exams. In the event of emergency, we will consider accepting forms later.
16. Students using alternative exam arrangements must comply with the UNT Dallas Code of Conduct and maintain standards of academic integrity. 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 FOR: (Enter student name) _____

Course: _____ Date and Time: _____ Instructor: _____

Exam Date: _____ Exam Start Time: _____ Class will be allowed _____ hrs. _____ min.

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

Exam will be hand delivered to DAL2 Room 200 sent via email to UNTDDISABILITY@UNTDFALLAS.EDU.

May student schedule exam at a date/time that is different from the class exam time (for evening classes and students with overlapping classes 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 (preferred) Office Pick-up by Instructor

Faculty Signature: _____ Date: _____

TO BE COMPLETED BY DISABILITY SERVICES

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

Student scheduled test and exam: _____

Professor provided DSO with the exam: _____

- Extended Time – Double
- Extended Time – 1.5
- Alternate Answer Sheet (no Scantron)
- Scribe (writes)
- Reader
- Formula Sheet/Memory Cue Sheet
- Word Processor/computer
- Assistive Technology/Services (CCTV, Interpreter, etc.)

Proctor that set up testing: _____

Proctor that was available during testing: _____

Proctor at the end of the exam: _____

Exam Date & Time (scheduled) : _____

Exam actual start time: _____

Exam End Time: _____

Breaks: _____

Comments

Signature: _____