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 and Friday 8:30 am – 4:30 pm. Testing outside of these hours must be arranged with the student, instructor, and the Office of Disability Services. 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 Office of Disability Services.

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 Office of Disability Services 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 Office of Disability Services of the upcoming quiz, test or exam in order to reserve the ODS 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 ODS.

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**TO BE COMPLETED BY THE STUDENT**

<table>
<thead>
<tr>
<th>Name:</th>
<th>ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>UNTD email:</td>
</tr>
</tbody>
</table>

I agree to comply with all disability services policies and procedures.

Signature ________________________________

Revised 11/2021
TO BE COMPLETED BY THE INSTRUCTOR FOR: 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 UNTDisability@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 classes only)? ☐ YES ☐ NO

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

Materials Permitted: (Instructor completes) ☐ Textbook ☐ Standard Calculator
☐ Graphing Calculator ☐ Breaks ____________________________
☐ Other ____________________________ ☐ Notes 
☐ Formula Sheet ☐ Scratch Paper (No. of sheets: _____)
☐ Scranton (include with exam if instructor provides) ☐ 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: (ODS completes based on approved accommodations only)

Student scheduled test and exam: __________________________________________________________

Professor provided ODS 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 ____________________________________________________________________________

________________________________________ Date: ____________________

Signature: ___________________________________________________________________________

Revised 11/2021