Disability Resource Center
Exam Accommodation Form
20 Dodge Hall 617-373-2675

To Be Filled Out By STUDENT

Student’s Name___________________ Course________________________
□ Extended Time (1.5X) □ Double Time (2X) □ Other

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To Be Filled Out By INSTRUCTOR

Date Of Exam___________________ Time Exam will be Taken________________________
Amount of time Class Receives: ______Hr(s). _____Min(s).
Instructor’s Name_______________________ Instructor’s Signature________________________
Office Ext._________ Cell Phone (for questions during exam)______________________________

Instructions for Exam Proctor: (Student will not be allowed any materials if left blank.)
□ Open Book □ Notes □ Calculator □ Scrap Paper □ Tables, Graphs, Charts
□ Other, please specify______________________________________________________________

Delivery of Exam to DRC:
□ Instructor/Representative will drop off the exam to 20 Dodge Hall on _____________
□ Student will bring exam down at the time the exam is to be taken
□ Exam will be faxed (617-373-7800)
□ Exam will be emailed to: DRC@neu.edu

Return of Exam to Instructor/Department:
□ Instructor or Representative will pick-up exam
□ Student will Return Exam to Instructor (The DRC cannot ensure the integrity, or return, of an exam once it is released into a student’s possession.)
□ DRC staff will return exam (within 24 hrs.) to:______________________(Department Address)
□ Other (please specify)______________________________________________________________

To Be Completed By DRC Staff

1. Exam Received by DRC:
Date__________ Time__________ Signature________________________

2. Exam Begun
Date__________ Time__________ Signature________________________

3. Exam Completed
Date__________ Time__________ Signature________________________

Notes____________________________________________________________

Exam Picked Up By Instructor
Date__________ Time__________ Signature________________________

Exam Returned By Student
Date__________ Time__________ Signature________________________
Received by Inst./Dept. Time__________ Signature________________________

Exam Returned By DRC
Date__________ Time__________
Instructor/Department Signature____________________ DRC Signature____________________