

Disability Resource Center: Exam Accommodation Form

Room _____

Start _____

End _____

Timer _____

For Office Use Only

Student Name: _____ **Course:** _____

Prof Name: _____ **Prof. Signature:** _____

For Questions on the exam:

Office Phone #: _____ **Cell Phone #:** _____

Date of class' exam: ____/____/____ **Time:** ____:____ **AM/PM**

If the student has requested to take the exam at a different time due to a class conflict, please specify when the exam can be administered below. Multiple dates? No Yes Please write below

Different date/time? **Date:** ____/____/____ **Time:** ____:____ **AM/PM**

Length of Exam: How long does the class receive?

Entire class period: **65** or **100** minutes Other: _____minutes/hours

Please circle whether exam will be:

(Dropped off at 20 Dodge Hall) (E-mailed to DRC@neu.edu) (Faxed to x6914) (Brought by student)

Will exam be picked-up? Yes No If not, Office Location (for delivery): _____

Materials/Equipment the Class is Allowed

Equipment/Materials	Allowed	Specify type, #, single/double sided
Calculator	Yes No	
Textbook	Yes No	
Notebook	Yes No	
3" x 5" Note Card	Yes No	
8.5" x 11" Notes Page	Yes No	
Other	Yes No	
z-Table	Yes No	
Computer w/Internet	Yes No	
Specific program:	Yes No	

Ensure there is sufficient time to complete the exam within the DRC's operating hours. Adjust the start time if needed.

Disability Resource Center's Hours:

Monday – Thursday, 8 am – 7 pm; Friday, 8 am - 5 pm.

DRC@neu.edu, Phone: 617-373-2675, Fax: 617-373-6914

65 mins	X 1.5	1 hr 40 mins
65 mins	X 2	2 hrs 10 mins
100 mins	X 1.5	2 hrs 30 mins
100 mins	X 2	3 hrs 20 mins

Office use only

Exam Date: ____/____/____ Time: ____:____ AM/PM Proctor: _____

Time Completed: ____:____ AM/PM Proctor: _____

Instructor Pick-up (if not, Print & Sign name) Signature: _____

Return Date: ____/____/____ Time: ____:____ AM/PM DRC Signature: _____

Returned by DRC to: (Print Name) _____ Signature: _____