Disability Resource Center: Exam Accommodation Form

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

<table>
<thead>
<tr>
<th>Equipment/Materials</th>
<th>Allowed</th>
<th>Specify type, #, single/double sided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculator</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Textbook</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Notebook</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3&quot; x 5&quot; Note Card</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8.5&quot; x 11&quot; Notes Page</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>z-Table</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Computer w/Internet</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Specific program:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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: _______________________

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