

Disability Resource Center: Exam Accommodation Form

DRC Hours: Monday-Thursday 8:00AM-7:00PM Friday 8:00AM-5:00PM

Student Name: _____	Course: _____
Prof. Name: _____	Prof. Signature: _____ <small style="font-size: 8px;">Sending from neu.edu address will authenticate</small>
Office Phone #: _____	Cell Phone #: _____

Room _____

Start _____

End _____

Extended-time
Accommodation

Office use only

Approved Date: / / **Approved Start Time:** : AM/PM

Length of In-Class Exam: minutes

Recurring Exam? Yes / No

If yes, indicate the dates on which the exam will recur: _____

How will we receive the exam?

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

How will completed exam be returned?

Picked up? Yes / No Delivered? Yes / No

Address: _____

Equipment/Materials allowed by students

Equipment/Materials	Allowed?	Specifications
Calculator	Yes No	
Textbook	Yes No	
Notebook	Yes No	
3"x 5" note card	Yes No	
8.5"x 11" note page	Yes No	
Computer w/internet	Yes No	
Scantron	Yes No	
Bluebook	Yes No	
Other	Yes No	

Office use only

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

End Time: _____ AM/PM Proctor: _____

Return Date: / /

Delivered by: _____

Received by: (Print) _____ (Sign) _____