### Disability Resource Center
Exam Accommodation Form

20 Dodge Hall 617-373-2675

| To Be Filled Out By STUDENT | Student’s Name ___________________ Course ___________________
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>□ Extended Time (1.5X) □ Double Time (2X) □ Other</td>
</tr>
</tbody>
</table>

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| To Be Filled Out By INSTRUCTOR | Date Of Exam ___________________ Time Exam will be Taken ___________________
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Amount of time Class Receives: _____ Hr(s). _____ Min(s).</td>
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<tr>
<td></td>
<td>Instructor’s Name____________________ Instructor’s Signature_________________</td>
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<td></td>
<td>Office Ext. __________ Cell Phone (for questions during exam)________________</td>
</tr>
</tbody>
</table>

### 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 (617-373-6914)
- 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 __________
- Received by Inst./Dept. Time __________
- Signature ______________

Exam Returned By DRC
- Date __________
- Time __________
- Instructor/Department Signature ____________________
- DRC Signature ____________________