

The University of Northern Iowa
Examination Services
in association with the Office of Disability Services

EXAM ACCOMMODATION REQUEST FORM

Exams with accommodation are encouraged to be made and directed by the class instructor. Instructors may utilize their own department rooms to fulfill needed accommodations. If instructors are unable to make arrangements, Examination Services may be able to administer the exam with one week notice. To schedule an exam, please complete the following:

STUDENT INFORMATION

Student Name: _____

Student ID: _____

Student Phone (Daytime): _____

EXAM ACCOMMODATIONS APPROVED BY ODS

As indicated on Student Academic Accommodation Request Form

- Extended Time: 1 1/2x 2x
How many minutes do the rest of the class have to complete the exam?: _____
- Separate Location
- Enlarged Text: Arial Font, _____ pt.
- Computer for Essay Exams
- No Scantrons: Student will write directly on exam
- Other: _____

- Reader
- Scribe

EXAM INFORMATION

Testing Hours are 10:30am - 4pm, Monday - Friday

Course Name: _____

Course Number: _____

Request Exam Date: _____

Requested Alternate Date: _____

Request Exam Time: _____

Requested Alternate Time: _____

ADDITIONAL EXAM RESOURCES ALLOWED

- Articles/Readings
- Note Card(s)
- Course Packet
- Scratch Paper
- Dictionary
- Scientific Calculator
- Formulas
- Simple Calculator
- Internet Access
- Textbook
- Notes
- Other: _____

| OFFICE USE ONLY | |
|-----------------------|-------|
| Confirmed Test Date: | _____ |
| Confirmed Test Time: | _____ |
| Authorized Signature: | _____ |

INSTRUCTOR INFORMATION

Instructor Name: _____

Department: _____

Instructor Phone: _____

Instructor E-mail: _____

DELIVERY OF THE EXAM TO EXAM SERVICES

Instructors must deliver the exam and any other necessary testing materials to Exam Services at least TWO DAYS prior to the confirmed testing time.

- E-mail (Word or PDF):
 - To: academic-services@uni.edu
 - cc: michelle.galanits@uni.edu
 - cc: kathy.wyss@uni.edu
- Hand delivered by instructor to Exam Services
- Campus Mail:
 - To: Examination Services
ITTC 007 0383

INSTRUCTOR TO RECEIVE COMPLETED EXAM

Please rank order the following methods for delivery of the completed exam back to you, the instructor (1 = first choice)

Exam Services will do their best to return the exam by the instructor's first choice.

- ____ Campus Mail: _____
- ____ E-mail (PDF) _____
- ____ Fax: _____
- ____ Instructor will pick up from Exam Services

STUDENTS MUST HAND DELIVER THIS FORM TO EXAM SERVICES (007 ITTC) AT LEAST ONE WEEK PRIOR TO THE REQUESTED EXAM DATE. AT THAT TIME THEY WILL CONFIRM A TESTING TIME WITH MICHELLE GALANITS OR KATHY WYSS. STUDENTS MUST THEN SHARE THE CONFIRMED TEST TIME AND DATE WITH THEIR INSTRUCTOR.

| | |
|-----------------------------|-------------|
| _____ | _____ |
| Instructor Signature | Date |
| _____ | _____ |
| Student Signature | Date |