

Exam Schedule Form
Student Accessibility Services
348 Baker Center
740-593-2620

Date Received: _____
Employee Initials: _____
Date Scheduled: _____
Employee Initials: _____

Student is responsible for turning in a completed form to SAS at least one week in advance of the first exam date listed to guarantee testing space in SAS. Exceptions may be made if there is space and proctors available on the requested date and time.

Instructors should provide exam(s) to SAS at least one business day prior to the scheduled exam date via the delivery method indicated below.

Student Completes:

Student Name: _____
Student Email: _____
Course: _____
Course Meeting Time (Day/Time) _____
Testing Accommodations Requested:
<input type="checkbox"/> Extended time <input type="checkbox"/> Reader/Scribe <input type="checkbox"/> Enlarged Font
<input type="checkbox"/> Word Processor <input type="checkbox"/> Calculator <input type="checkbox"/> Breaks
<input type="checkbox"/> Other _____

Instructor Completes:

Instructor Name: _____
Instructor Signature: _____
Instructor Email: _____
Instructor Phone Number: _____
Exam Delivery Method:
<input type="checkbox"/> Email (romeroj@ohio.edu) <input type="checkbox"/> Instructor Drop Off (348 Baker Center)
Exam Return Method:
<input type="checkbox"/> Scan/Email <input type="checkbox"/> Instructor Pick Up <input type="checkbox"/> Online
<input type="checkbox"/> Student Return to (location) _____

Student and Instructor complete together:

Exam/Quiz Date:	Exam/Quiz Start Time: (SAS will schedule exams at the time listed on this form)	Time Given in Class for Exam/Quiz: (SAS will calculate extended time based on this)	Items Allowed/Needed for all students for Exam/Quiz: (i.e., calculator, scantron, internet access, open book, open note. Please be as specific as possible)