

Exam Accommodation Form

This form was created for the purpose of coordinating exams with accommodations for registered students with disabilities at The AccessAbility Center/Student Disability Services (AAC/SDS). Both student and faculty complete this form for each respective exam that is to be proctored with accommodations at AAC/SDS in NAC 1/218. In order to ensure that space can be arranged and accommodations are implemented appropriately and effectively, we request that this form be submitted at least one week in advance of the exam.

Student's Section: Please complete this section in its entirety. If you need assistance, please ask AAC/SDS staff. After you have finished your section, provide this form to your professor. Student will return completed form to the AAC/SDS front desk for processing. Student's signature is required

Student's Name: _____

Contact Information: _____

Class/Course Number: _____

Professor's Name: _____

Professor's Section: Please complete this section in its entirety and return it to student. Professor's signature is required

Is requested exam date same as class exam date? Yes No

Requested Exam Date: _____ Requested Exam Start Time: _____

Class Location: _____ Class Start Time: _____ Class End Time: _____

Exam Duration (*do not calculate extended time*): _____ hours _____ minutes

Professor's contact number & email during the exam: _____

Permitted Aids (check all that apply): Scientific Calculator Graphing Calculator Class Notes
 Study Sheets Textbooks Computer (online) Computer (offline) Other (s) _____

Exam Delivery (*We ask the all exams be delivered at least one day in advance to the exam*)

- Professor/designee will deliver the exam to AAC/SDS, NAC 1/218, on the following date: _____, or
 Exam will be emailed to AccessAbilityExams@ccny.cuny.edu

Exam Return (*please check and complete one*):

- AAC/SDS will return exam to Dept: _____ Location: _____ (*receipt signature required*)
 Professor/designee will pick exam up from AAC/SDS, designee: _____
 AAC/SDS will scan and send exam to the provided email address: _____
(*Hard copy will be shredded upon confirmation email of received exam unless otherwise instructed*)

Professor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Turn over →

Please note: Exams proctored with accommodations are scheduled from Monday through Friday, 9:00am-5:00 pm. Exam administration includes securing students' personal belongings, check-ins, and exam spaces are monitored by cameras. During high peak times, such as midterms and finals, AAC/SDS will open earlier and later depending on need. If there are extenuating circumstances, please address this prior to the exam's date and time with AAC/SDS staff. For example, if an exam is proctored with accommodations at an alternate location, consultation must be sought from AAC/SDS staff regarding its administration.

AAC/SDS Office Use

Form Received By: _____ **Date:** _____

Exam Date: _____

Begin time: _____ **End time:** _____

Student Accommodations (check all that apply):

- Extended Time (1.5x)
- Double Time (2x)
- Semi-private room
- Private room
- Permit breaks during exams
- Computer (Word Processing)
- Computer (Assistive Technology)
- Alternate format of content (large print, Braille, etc.)
- Spell checker
- Reader
- Scribe
- Calculator (scientific or graphing)
- Other _____

Exam Received: Yes No