



Office of Disability Services

EXAM SHEET

Student's Name: _____

Class: _____

Instructor: _____

Contact Information for Instructor: Phone: _____

Class time limit for this exam: _____

Student accommodations: Please circle all that apply

Time and a half for exam

Double time for exam

Open book

Open notes

Internet access

Calculator

Enlarged print required

Other: _____

Office Use Only

Date taken: _____

Start time: _____

End time: _____

Date received: _____ **In person** **Email** **FAX**

Faculty return request: **Pick up in ODS office** **Delivered to Instructor**

Date returned: _____