



Disability Services
MC 147 x2015
ods@csuohio.edu

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

Blue Scantron

Double time for exam

Green Scantron

Open book

Business/Finance Scantron

Open notes

Internet Access

Calculator

Blue Book

Other: _____

Faculty return request: Pick up in ODS office Deliver to instructor

Last date this test can be given: _____

Date received: _____ In person Email FAX

Date taken: _____

Start time: _____ Date returned: _____

End time: _____ Proctor Initials: _____