

ACCESSIBILITY SERVICES 264 UCEN (810)762-3456 Fax (810)762-3498

*******An exam request form must be completed and turned into the Student Development Center EVERY time you need to take a test in our facility. Requests MUST be turned in 2 days prior to your exam!!!)**

STUDENT SECTION (To be completed by the student)

Student Name: _____ Course Name/Number: _____

INSTRUCTOR SECTION (All four sections must be completed by the instructor.)

Instructor Name: _____ Department Address: _____

1. Date student is allowed to take exam: _____ Time: _____

2. Amount of time class is allowed for exam: _____

3. Delivery Instructions: PLEASE CHOOSE ONE!

Pick up exam on: Date: _____ Time: _____ Location: _____

Instructor will deliver: Date: _____ Time: _____

Instructor will e-mail exam on: Date: _____ Time: _____

(E-mail to ztomlins@umflint.edu AND elaineca@umflint.edu)

4. EXAM INSTRUCTIONS (Check ALL appropriate boxes):

Book may be used

Calculator may be used

Scratch paper allowed

Notes may be used

Graphing calculator may be used

All materials must be returned

Dictionary may be used

Spell checker may be used

Special Instructions: _____

Instructor Signature: _____