An exam request form must be completed and turned in EVERY time you need to take a test in our facility. Requests should be turned in 5 days prior to your exam.

Exams must be completed within the hours of 8:00am to 5:00pm, Monday through Friday.

This form is available online at: http://www.umflint.edu/caps/documents/AS_Exam%20Form.pdf

Student Name: ________________________________________ Course Name/Number: __________

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

Instructor Name: ____________________________ Department Address: ____________________________
Instructor Phone: ____________________________ Instructor email: ____________________________

1. Date student is allowed to take exam: ___________________

2. Time of Day (please be specific): ___________________
   NO SHOW POLICY: If the student is 30 or more minutes late, the exam will have to be rescheduled.

3. Amount of time class is allowed for exam: ___________________

4. Exam Delivery Instructions: (PLEASE CHOOSE ONE)
   ○ Instructor will deliver: Date: ___________ Time: ___________
   ○ Instructor will e-mail exam on: Date: ___________ Time: ___________
   *** E-mail to Testing_Caps@umflint.edu ***

5. EXAM INSTRUCTIONS (Check ALL that apply):
   ___ Book may be used  ___ Calculator may be used  ___ Scratch paper allowed
   ___ Notes may be used  ___ Graphing calculator may be used  ___ Dictionary may be used
   ___ Spell checker may be used  ___ All materials must be returned

   Special Instructions: ________________________________________________________________

   _______________________________________________________________________________

6. Preferred return method for exam:
   _______ Campus mail  _______ Sealed and returned with student
   _______ Picked up by department  _______ Scanned and emailed

7. If student has questions during exam, can instructor be contacted: yes _____ no_____

Instructor Signature: ___________________________________________________________________

Returned by: ____________________ Picked Up by: ____________________ Date/Time: __________
Instructor Reminders

- When possible, we encourage students and instructors to arrange testing accommodations within the department to allow students' access to the instructor during the exam period. If this is not possible, students approved for testing accommodations may utilize facilities in the CAPS office.
- Please meet with the student privately to complete the Exam Accommodation Form:
  - Fill in dates, times and ALL materials allowed.
  - Indicate test delivery and return methods.
  - Sign and date the form.
- Detailed contact information, test acquisition and return instructions promote efficient test administration.
- Communicate with the CAPS office and the student ASAP should any issue arise with the test.

Student Reminders

- Student is responsible for returning the Exam Accommodation Form to the CAPS office five (5) working days before the test date.
- Please notify the CAPS office if:
  - The test is cancelled.
  - The test date changes.
  - An unscheduled test is announced.
  - You decide to take the test in class, also notify the instructor.
  - You drop the class.
- Any student arriving more than 30 minutes after an exam is scheduled to start is considered a NO SHOW. The student will be advised to either take the exam in the class or speak with the instructor about rescheduling the exam.

CAPS OFFICE USE ONLY

Test received by: __________________________ Date: ________________ Time: ________________

Date administered: ________________________ Testing Room Number: ______________________

Checked in by (staff name): __________________________ Start time: ________________

Checked out by (staff name): __________________________ End time: ________________

APPROVED ACCOMMODATIONS:

- ○ Extended time  ○ Enlarged type  ○ Magnifier  ○ Computer  ○ Adaptive technology
- ○ Exam reader (name) __________________________
- ○ Exam scribe (name) __________________________
- ○ Other:  ______________________________________

Comments/Irregularities:

________________________________________________________________________________
________________________________________________________________________________