To insure effective testing accommodations from Accessibility Services, please follow the procedure as outlined below.

1. The student requiring special testing arrangements should notify CAPS five (5) full working days prior to the date of the test. The student must complete an Exam Accommodation Form for that particular exam and date.

2. The student must make arrangements with the instructor to send or deliver a copy of the test and any special instructions to CAPS, 264 UCEN. It is the student’s responsibility to remind the instructor of agreed upon arrangements.

3. A staff member from CAPS will coordinate the appropriate support service(s) accommodations and monitor the testing situation.

4. No materials will be allowed in the testing room unless the instructor has given verbal or written authorization.

5. Upon receipt of the test, the faculty member or department person accepting the test will be asked to sign and date the back of the Exam Accommodation Form to verify that the exam was received. This form remains on file for the duration of the semester.

6. Any student arriving more than thirty (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.

7. If a student is unable to make the scheduled exam, it is the student’s responsibility to notify CAPS as well as the instructor. The exam will be returned to the instructor’s office unless the instructor notifies CAPS otherwise. It is the student’s responsibility to arrange for a make-up exam with the instructor.

8. I have read and agree to the Academic Integrity section as outlined in the Academic Policies of the University from the University Catalog, http://catalog.umflint.edu/.

In order to maintain the security of the test, the test should not be given to the student with a disability. I have read the Exam Accommodation Policy and I agree to the conditions as stated above.

Print Name: ____________________________________________

Signature ____________________________________________ Date _________________