

REQUEST FOR FINAL EXAMINATION ACCOMMODATIONS



PLEASE CIRCLE: Spring Fall Summer Year: _____ Today's Date: _____

PLEASE PRINT LEGIBLY: _____
 ID# Last Name First Name Local Phone Number

- I am: **Requesting Accommodations due to Examination Conflicts:**
 Accommodations will be made for those students who have 2 examinations on the same day, or an evening exam followed by a morning exam the next day.
 Please check if you will be using ExamSoft in addition to your above stated accommodation.
- Requesting Accommodations for my exam schedule because:** _____
 Please check: Documented disability LLMC (language) Documentation to be provided before I will be allowed to sit for any accommodated exam.
 Please check if you will be using ExamSoft in addition to your above stated accommodation.

Student Signature: _____ Date: _____

TO MAINTAIN YOUR ANONYMITY, DO NOT LET THE PROFESSOR KNOW THAT YOU WILL BE TAKING YOUR EXAM ON YOUR LAPTOP OR RESCHEDULING YOUR EXAM.

PLEASE LIST YOUR COMPLETE EXAMINATION SCHEDULE BELOW. <i>ANY CHANGES TO YOUR EXAM SCHEDULE WILL APPEAR ON THE RIGHT.</i>					AREA BELOW IS FOR OFFICE USE ONLY			
Credits	Exam Date	Exam Time	Course Name	Professor	New Date	New Time	Room	Comments

- AREA BELOW IS FOR OFFICE USE ONLY**
- Exam accommodations have been arranged as shown above.
- No accommodations have been arranged because: _____

Authorized Signature: _____ Date: _____