Dear Professors:

Please complete this form if you are requesting that DRS (Disability Resources for Students) should administer an exam for your student in the DRS testing room. This form must be completed for every exam requiring DRS accommodation; any changes made will require a new form to be filled out. **Please email this form to** **drs@uwb.edu** **or drop it off at our facility at least 10 working days prior to the examination.** While the DRS office always tries their very best, “last minute” accommodation requests cannot be guaranteed. Accommodation exams must be taken and completed within the DRS working hours (Monday – Friday, 8:30 am to 5:00 pm).

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Department* *Class name/number* *Section*

PROFESSOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BOX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE HOURS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROFESSOR’S E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE AND/OR LOCATION WHERE YOU MAY BE REACHED DURING EXAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW WILL THE EXAMS GET TO DRS?**  **HOW WILL THE EXAMS BE RETURNED?** *Check one box below: Check one box below:*

* Professor will deliver to DRS
* Student will deliver to DRS in an envelope, signed and sealed by professor
* Will email to: drs@uwb.edu
* Professor will pick up from DRS
* Student will return in signed sealed envelope

**SPECIFIC ALLOWANCES FOR EXAMS: *Please check all options available to the student:***

* Calculator (specify type if necessary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Class Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of pages/sizes single-sided double-sided or  unlimited
* Note: Return notes with completed exam? Yes No
* Spell Checker  Periodic Table Open Book Dictionary
* Scratch Paper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of pages Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Note: Scratch paper must be returned with exam!

Bathroom break allowed? Yes No

**SPECIFIC DATES AND TIMES OF EXAMS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Exam | Date to take exam | Time to begin exam | Amount of time class receives |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ARE YOU MAKING A CHANGE TO A PREVIOUSLY SCHEDULED EXAM? YES NO**

ADDITIONAL INSTRUCTIONS:

PROFESSOR’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRS COMMENTS:

Updated on: November 25th, 2013