EXAM ACCOMMODATION FORM
Suffolk University, Office of Disability Services (ODS) 73 Tremont, 7th Floor, 617-994-6820
Attention: Incomplete forms cannot be processed.

STUDENT INFORMATION- To be filled out by STUDENT:

Student’s name: ____________________________ Student phone number: ____________________________

Course and section: __________________________ Suffolk ID number: ____________________________

Approved accommodations you require for the exam: ____________________________________________

By signing this form I understand:
• It is my responsibility to return this form to ODS at least 7 days prior to the exam.
• Failure to return this form on time may result in the exam needing to be rescheduled.
• Any changes to this form will require the instructor’s approval.

Student Signature: ____________________________ Date: ___/___/____

INSTRUCTOR INFORMATION- To be filled out and signed by the INSTRUCTOR

Test Date: _____/_____/_____ Time the test will be taken (circle one): 9:00am or 1:00pm

Testing seating times are 9:00am or 1:00pm. Due to our high volume of exams we cannot be flexible with these times. Please choose the seating time that is best for you.

I allow my class__________ minutes to take the exam. (ODS will calculate extended time.)

Test Materials allowed for the entire class: (Student will not be allowed any materials if left blank.)

☐ Open book ☐ Notes ☐ Calculator ☐ Scrap paper ☐ Tables, graphs, charts etc. ☐ Dictionary
☐ No Materials
☐ Other, please specify: ____________________________________________

How will ODS receive the exam?

☐ Instructor will email to disabilityservices@suffolk.edu
☐ Instructor will deliver to ODS (open M-F 8:45 to 4:45)

How will completed exam be returned to you?
☐ Instructor will pick up at ODS (open M-F 8:45 to 4:45)
☐ ODS courier will return to department/mailbox. Please specify location: __________________________

As the instructor, I understand that testing accommodations will be applied as outlined in the student’s accommodation verification letter. In addition, the instructions I identified above will be applied to the exam.

Instructor signature: ____________________________________________ Date: ______________________

Print Name: ____________________________________________ Phone: ____________________________
Email: ____________________________________________