

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:** _____

Hours of operation: 8:45 a.m. to 4:45 p.m. Monday through Friday. Please consider the office's hours of operation along with the student's accommodation for extended time when determining the test start time.

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

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: _____