

EXAM REQUEST FORM

Part 1: TO BE COMPLETED BY STUDENT	
Student's Name:	Empl'ID:
Instructor: Test Date	
Course/Section: Course Ty	/pe : □In Person □Online
I agree to uphold the integrity of the examination and follow the procedures for testing accommodations as outlined in the ARC Testing Accommodations Agreement.	
Signature of Student	Date
Part 2: TO BE COMPLETED BY INSTRUCTOR	
I agree to have ARC coordinate examination accommodations for this student on <u>the date and time listed</u> <u>above</u> . I understand exams will be submitted on time to ARC and will be returned to my department mailbox in a sealed envelope unless otherwise instructed.	
Actual date of exam Actual amount of t	<i>ime class receives for exam:</i> Hour(s)minutes
If the exam time conflicts with the student's schedule, please indicate an alternative date and time SPECIAL INSTRUCTIONS:	
For this exam, I am allowing all students to use the f Textbook: Yes No Dictionary: Yes No Class notes: Yes No Calculator: Yes No	ollowing: QuizMake-up Exam Regular Midterm Final
Please confirm how the student's exam will be de	livered to:
\Box Exam will be delivered to Testing Center (B-207)	
\Box Exam will be delivered to ARC Office (D101L)	
Exam will be emailed to <u>TestingCenter@hostos.cuny.edu</u>	
Ender win be officiated to <u>recting official (Chorder Con</u>	<u></u>
Name of Instructor	Signature of Instructor Date
PART 3: TO BE COMPLETED BY ARC	
□Extended Time □Reader □Scribe □Computer □ □Other:	CCTV □Spell-check device □Exam Enlarged □Calculator
Comments:	
Date Exam administered: Start Time	e End Time
Date/Time Exam returned://	
□Scanned & Emailed □Delivered In Person	
Name of department staff person receiving exam	Signature