

EXAM REQUEST FORM

Part 1: TO BE COMPLETED BY STUDENT

Student's Name: _____ **Emp'ID:** _____
Instructor: _____ **Test Date:** ___/___/___ **Time of Exam:** _____
Course/Section: _____ **Course Type:** 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 the date and time listed above. 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 time class receives for exam:** ___ 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 following:

Textbook:	Yes _____ No _____	_____ Quiz	_____ Make-up Exam
Dictionary:	Yes _____ No _____	_____ Regular	
Class notes:	Yes _____ No _____	_____ Midterm	
Calculator:	Yes _____ No _____	_____ Final	

Please confirm how the student's exam will be delivered to:

- Exam will be delivered to Testing Center (B-207)
- Exam will be delivered to ARC Office (M-Bldg, M-216)
- Exam will be emailed to TestingCenter@hostos.cuny.edu

 Name of Instructor Signature of Instructor Date

PART 3: TO BE COMPLETED BY ARC

- Extended Time Reader Scribe Computer CCTV Spell-check device Exam Enlarged Calculator
- Other: _____

Comments: _____

Date Exam administered: _____ Start Time _____ End Time _____

Date/Time Exam returned: _____/_____

- Scanned & Emailed Delivered In Person Professor/Dept rep. picked up

Name of department staff person _____ Signature _____ Date _____
 (Print)