



## Office of Accessibility Services

**Section A:** To be completed by the **student** and must match the information that was submitted electronically to OAS. All exams are to be taken during the OAS testing hours .

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID(A#): A \_\_\_\_\_ Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Test Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

**Section B:** To be completed by the **INSTRUCTOR** . The student is responsible for submitting this form to the instructor to be completed. Once the form is completely filled out please attach the exam and submit it to OAS. The form and exam may either be emailed, hand delivered, or placed in the lock box outside of OAS.

**\*\*\*If an exam is not received by OAS, students will be directed to the classroom with a sealed envelope or asked to reschedule with the instructor\*\*\***

### Exam Return (Check ONE)

Instructor will pick up from OAS

Student return to my office mailbox in a sealed envelope.

OAS staff will return the exam via interoffice mail. (may take up to 3 days for delivery)

**\*\* IF NO BOX IS CHECKED, OAS WILL RETURN THE EXAM BY INTEROFFICE MAIL\*\***

### Class Instructions

Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_ Instructor's Phone #: \_\_\_\_\_

The class will receive \_\_\_\_\_ hours and \_\_\_\_\_ minutes to complete the exam/quiz.

Notes Allowed

Calculator

Open Book

Dictionary

Other Approved Materials/Special Instructions:

Only instructor approved test materials will be allowed in the testing area. Book bags, cell phones, food and drink are not permitted. OAS or Instructor provided scrap paper may be utilized.