

**Disability Resource Center  
Exam Accommodation Form**

20 Dodge Hall

617-373-2675

**To Be Filled Out By STUDENT**

Student's Name \_\_\_\_\_ Course \_\_\_\_\_

Extended Time (1.5X)                       Double Time (2X)                       Other

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**To Be Filled Out By INSTRUCTOR**

Date Of Exam \_\_\_\_\_ Time Exam will be Taken \_\_\_\_\_

Amount of time Class Receives: \_\_\_\_\_ Hr(s). \_\_\_\_\_ Min(s).

Instructor's Name \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Office Ext. \_\_\_\_\_ Cell Phone (for questions during exam) \_\_\_\_\_

**Instructions for Exam Proctor: (Student will not be allowed any materials if left blank.)**

Open Book     Notes     Calculator     Scrap Paper     Tables, Graphs, Charts  
 Other, please specify \_\_\_\_\_

**Delivery of Exam to DRC:**

- Instructor/Representative will drop off the exam to 20 Dodge Hall on \_\_\_\_\_
- Student will bring exam down at the time the exam is to be taken
- Exam will be faxed (617-373-7800)
- Exam will be emailed to: *correspondence\_drc@neu.edu*

**Return of Exam to Instructor/Department:**

- Instructor or Representative will pick-up exam
- Student will Return Exam to Instructor (The DRC cannot ensure the integrity, or return, of an exam once it is released into a student's possession.)
- DRC staff will return exam (within 24 hrs.) to: \_\_\_\_\_ (Department Address)
- Other (please specify) \_\_\_\_\_

**To Be Completed By DRC Staff**

1. Exam Received by DRC:

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

2. Exam Begun

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

3. Exam Completed

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Notes \_\_\_\_\_

Exam Picked Up By Instructor

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Exam Returned By Student

Date \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Received by Inst./Dept. \_\_\_\_\_ Time \_\_\_\_\_ Signature \_\_\_\_\_

Exam Returned By DRC

Date \_\_\_\_\_ Time \_\_\_\_\_

Instructor/Department Signature \_\_\_\_\_ DRC Signature \_\_\_\_\_