Section I
(To be completed by student)

Name: _________________________________ Date: _________________________________
Course: ________________________________ Instructor’s Name: __________________________
Date of Exam: __________________________ Class Start Time: __________________________

Please check the accommodation(s) you are requesting for this exam below:

- □ Extended Time
- □ Private Room Testing
- □ Computer for typing/word processor
- □ Calculator
- □ Reader
- □ Scribe
- □ Rest Breaks
- □ Other: __________________________________________
- __________________________________________
- __________________________________________

Please note:
- The Disability Services Coordinator will confirm your eligibility for the above requested accommodation(s) and will contact you should there be any discrepancies between your requests and eligibility.
- Only approved accommodation(s) you request above will be available for you to utilize during your exam.
- If the coordination of any accommodation conflicts with another class, exam or work, discuss an adjusted exam time frame with your instructor and please indicate adjustment below:

- □ Adjusted Start Time: ___________________________ OR □ New Date & Time: ___________________________

Instructor Signature: _________________________________

Section II
(To be completed by instructor)

What materials, if any, is the student allowed to use during the exam (i.e., all students taking the exam are permitted to use checked items below)?

- □ Notes
- □ Scrap paper
- □ Calculator
- □ Text Book
- □ Index Card
- □ Pencil Only
- □ Laptop
- □ Headphones/music
- □ Other: __________________________________________
- __________________________________________
- __________________________________________

Amount of time class receives for exam: __________ minutes (Disability Services Coordinator will adjust accordingly)

Delivery of Exam (to Academic Services/Disability Services Coordinator, 320 Newbury Street, first floor):

- □ Date and time of delivery: ___________________________

- □ Email exam to Karen.Keough@the-bac.edu
- □ Hand-deliver exam to Academic Services

Receipt of Completed Exam:

- □ Email scanned copy of exam (no delivery of actual exam)
- □ Pick up the exam from Academic Services
- □ Instructor’s faculty mailbox (placed in sealed envelope)
- □ Other: ___________________________
Section III
Testing Policies

Student:
- It is the student’s responsibility to submit this form to the Disability Services Coordinator:
  ▪ Two business days prior to exam date
  ▪ Five business days prior to exam date during mid-semester and final exam period
- All exams will take place in Academic Services (320 Newbury Street, first floor), unless otherwise specified
- Incomplete Request Forms will not be accepted
- Cell phone use is not permitted in the testing room
- Student belongings are not permitted in the testing room and will be secured until the exam is complete

Instructor:
- Instructors are asked to submit all exams (either hand-delivered or electronically) to the Disability Services Coordinator one business day prior to exam date and pick up exams within a week after completion
- Instructors are asked to pick up exams within a week after completion. An email reminder will be sent for exams exceeding one week.

Section IV
(Disability Services Use Only)

Request Form received:
By: ___________________________________________ Date: __________________________

Accommodations Approved:
- ☐ Extended Time
- ☐ Private Room Testing
- ☐ Computer for typing/word processor
- ☐ Calculator
- ☐ Reader
- ☐ Scribe
- ☐ Rest Breaks
- ☐ Other: ________________________________________________
  _______________________________________________________
  _______________________________________________________

Equipment needed:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Length of time permitted for exam: _________ minutes  Start time: ___________  End time: ___________

Name of proctor: ____________________________________________  Testing location: ___________________

**Thank you for completing this form**

If you have any questions, please contact Karen Keough, Assistant Director of Academic Services and Disability Services Coordinator, at 617-585-0274 or Karen.Keough@the-bac.edu. Karen is located on the first floor of 320 Newbury Street.