

## Disability Services – Alternative Exam Request Form

1. All testing must be arranged at the same time as the class unless otherwise agreed upon by the instructor.
2. Testing hours are available M-Th 8am – 5:30pm; F 8am – 4:30pm. Testing outside of these times must be arranged with the instructor/department.
3. It is the student's responsibility to **return these request forms no later than 5 business days prior to the exam**. Requests for **Final Exams must be returned no later than 3 weeks prior to the start of the final exam period**.
4. Students using alternative exam arrangements must comply with the UNT Dallas Code of Conduct and maintain standards of academic integrity.
5. Students using alternative exam arrangements must comply with all policies and procedures of Disability Services.

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### TO BE COMPLETED BY THE STUDENT

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Phone: \_\_\_\_\_ UNT Email: \_\_\_\_\_  
I agree to comply with all disability services policies and procedures.  
Signature \_\_\_\_\_

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### TO BE COMPLETED BY THE INSTRUCTOR

Course: \_\_\_\_\_ Date and Time: \_\_\_\_\_ Instructor: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Start Time: \_\_\_\_\_ Time Allowed For Exam in Class: \_\_\_\_ hr \_\_\_\_ min

Instructor's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Exam will be  hand delivered to DAL2 Room 200  sent via email to [cynthia.suarez@untdallas.edu](mailto:cynthia.suarez@untdallas.edu)

May student schedule exam at a date/time that is different from the class exam time (for evening classes and students with overlapping exams only)?  YES  NO

If yes, what is the allowable time window for the exam? *Between* \_\_\_\_\_ *and* \_\_\_\_\_

#### Materials Permitted: (Instructor completes)

- |  |   |
|--|---|
| <input type="checkbox"/> Textbook            | <input type="checkbox"/> Notes _____  |
| <input type="checkbox"/> Standard Calculator | <input type="checkbox"/> Formula Sheet  |
| <input type="checkbox"/> Graphing Calculator | <input type="checkbox"/> Scratch Paper (No. of sheets: _____)                       |
| <input type="checkbox"/> Breaks _____        | <input type="checkbox"/> Scantron (include with exam if instructor provides)        |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Blue Book/Paper (include with exam if instructor provides) |

#### Post-Exam Directions (instructor chooses option)

- Deliver to Instructor:  Mailbox  Office  Pick-up by Instructor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### TO BE COMPLETED BY DISABILITY SERVICES

#### Accommodations: (Disability Services completes based on approved accommodations only)

- Extended Time \_\_\_\_\_  
 Alternate Answer Sheet (no Scantron)  
 Scribe  
 Reader  
 Formula Sheet/Memory Cue Sheet  
 Word Processor  
 Assistive Technology/Services (CCTV, Interpreter, etc)  
\_\_\_\_\_

ID Checked  Locker \_\_\_\_\_  
Assigned Proctor: \_\_\_\_\_  
Back-up Proctor: \_\_\_\_\_  
Exam Date & Time: \_\_\_\_\_  
Exam End Time: \_\_\_\_\_  
Actual Start Time: \_\_\_\_\_  
Actual End Time: \_\_\_\_\_  
Breaks: \_\_\_\_\_

Comments \_\_\_\_\_