Office of Disability Access (ODA)
Alternative Test Request Form Instructions

1. ODA Test Center Hours for Spring 2019

   Monday through Thursday: 8:30 AM to 8:30 PM

   Friday: 8:30 AM to 4:30 PM

2. Form Submission Deadline
   - Alternative Test Request Forms must be submitted:
     - At least one week in advance (5 business days) prior to the earliest quiz or test date, AND
     - No later than **Monday, April 15, 2019**
       (3 business weeks prior to final exam week)
   - Failure to turn in Alternative Test Request Forms at least five (5) business days prior to the earliest quiz/text/exam listed may result in the need to reschedule the exam to a date five (5) business days later.

3. Important Scheduling Information
   a. Students should complete one Alternative Test Request Form per course, listing all quizzes and exams, including the final exam, on the same form.
   b. The student should obtain quiz, test and final exam dates from the course syllabus.
   c. ODA Testing Staff strongly encourage students to complete this form to schedule all regular semester quizzes, tests and final exams in the ODA Test Center at the beginning of the semester.

4. Student Responsibility:
   a. **Students MUST request letters of accommodations (LOA) each semester AND give them to each instructor BEFORE this form can be completed and submitted to ODA.**
   b. Complete the Student section of the Alternative Test Request Form including name, e-mail, student ID, contact number, course and subject number, instructor, classroom location, quiz dates, exam dates, and the date of the final exam.
   c. Present form to instructor to complete the Professor/Instructor section.
   d. Submit completed form to **testing.oda@unt.edu** by the required deadlines.

   IMPORTANT NOTE: your test is not scheduled until the Alternative Test Request Form is received by the Office of Disability Access.

5. The Spring 2019 Final Exam Schedule is currently available online. If the final exam date and start time are not provided on your course syllabus, this information should be obtained from the UNT Registrar website at:**https://registrar.unt.edu/exams/final-exam-schedule/spring**

Instructions to complete the Student section

TO BE COMPLETED BY THE STUDENT: (Please complete ALL information in full.)

Name __[Student's first and last name]__

E-mail: [Student's e-mail address]

Student ID: [Student's 8-digit UNT ID number]

Contact Number: [Student's phone number]

Course #: (ex. MATH 1010): [Course and subject numbers]

Instructor: [Instructor's first and last name]

Classroom Location: [Class building and room number]

I understand and agree to comply with all ODA procedures for testing accommodation.

Signature: [Student's signature]

Quiz Dates:
[All quiz dates for the specified course]

Exam Dates:
[All exam dates for the specified course]

Final Exam Date:
[The final exam date for the specified course]

Instructions to complete the Professor section

TO BE COMPLETED BY PROFESSOR OR INSTRUCTOR: (*Please complete ALL information in full*.)

Name: ___[Instructor's first and last name]___   Contact Number: ___[Instructor's phone number]

E-mail: ___[Instructor's e-mail address]___   Office Location: ___[Building and room number]

ODA Testing staff, students, and professors may need to establish a different start time to ensure approved accommodations.

Exam Information:

Quiz:
Start time for ODA student:(Time student will be in ODA)___ [Start time]
Duration of quiz for entire class:(ODA will calculate extended time)___ [Duration]
Materials permitted:(Ex: Calculator, formula sheet, etc.) ___
[Materials permitted for all quizzes]

Exam:
Start time for ODA student:(Time student will be in ODA)___ [Start time]
Duration of exam for entire class:(ODA will calculate extended time)___ [Duration]
Materials permitted:(Ex: Calculator, formula sheet, etc.) ___
[Materials permitted for all Exams]

Final:
Start time for ODA student:(Time student will be in ODA)___ [Start time]
Duration of final for entire class:(ODA will calculate extended time)___ [Duration]
Materials permitted:(Ex: Calculator, formula sheet, etc.) ___
[Materials permitted for the Final]

Delivery Information:

Delivery to ODA Instructions: [Check delivery method]
___ Hand delivered to Sage 167
___ Faxed to ODA Testing Center at (940) 369-7969
___ E-mailed to testing.oda@unt.edu

(To help ensure exam security please do not send exams through inter-campus mail. Exams sent via this method will not be accepted and will be returned to sender.)

Return from ODA Instructions: [Check Return method]
All returned exams require a signature from the test recipient.
___ Return to academic department (Room and Building) ___
___ Professor or T.A. will pick up exam (T.A. name) ___
___ Scan and email to:(UNT Email Only) ___

I approve of the date(s) and time(s) of test listed above and all other information provided on this request.

Professor Signature: ___   Date: ___

Note: The Teaching Assistant may complete the instructor section of this form on behalf of the professor; however, all correspondence will be sent to the name and email on the form. The teaching assistant should write the professor name & email on the form for course professor and professor email. When a teaching assistant completes the form, she or he should sign it with their name & include title: "Course T.A." or "Teaching Assistant".

➢ ODA Testing Contact Email: Testing.ODA@unt.edu
➢ ODA Phone Number: 940-565-4323.
➢ ODA Fax Number: 940-369-7969.