



Office of Academic Services Testing Accommodation Form

TO BE COMPLETED BY STUDENT:

Student Name: _____ Class Year: _____

Banner ID: _____ Student Phone: _____

Course: _____ Instructor Name: _____

Please check here if you need a computer for your exam.

Class Scheduled Exam Date/Time: _____

OAS Scheduled Exam Date/Time*: _____

***Please have professor initial here _____ if date/time is different from the class scheduled time.**

Students may need to schedule an exam to begin early or later than the scheduled class time due to other class conflicts. Students must make every effort to schedule the exam as close to the scheduled class time as possible. Any changes in the time must be approved by the professor.

Please note that the OAS will have proctors available **Monday through Friday between 8:30am and 4:30pm** by appointment only; therefore a student may not begin before 8:30am and must be finished by 4:30pm and **must sign up a minimum of two school days in advance.**

TO BE COMPLETED BY PROFESSOR:

How much time is the class allotted for the exam? _____

Is there a number where the OAS can reach you during the exam should the student have any questions? _____

Please **initial** any aids the student is allowed to use during the exam.

Calculator

Book

Notes

Formula Sheet (Please specify amount, size, etc.) _____

Other: _____

Exam Delivery Information

I will deliver the exam to the OAS.

Student will pick up the exam in class in a sealed envelope.

Fax: 865-1219

Email: oastesting@providence.edu

Exam Return Information

Please **deliver** the completed exam to my my department main office within 24 hours

Please **scan & email** exam to me – return original exam to my department main office

Please **hold** my exam I will pick up the completed exam from the OAS

I authorize the OAS to administer the exam based on these instructions.

Professor Signature: _____ Date: _____

Please contact the OAS at x2494 if you have any questions.

TO BE COMPLETED BY PROCTOR:

_____ Time Began _____ Time Finished _____ Amount of Time Used (Minutes)

Proctor Signature: _____