

## TESTING ACCOMMODATION REQUEST FORM

All forms due **2 weeks** prior to exam date. Forms for final exams due **one month** prior to exam date. Incomplete forms will not be accepted.

PLEASE NOTE: There is a separate form for **QUIZZES** available at DS or [www.health.columbia.edu](http://www.health.columbia.edu).

Student Name: \_\_\_\_\_ UNI: \_\_\_\_\_ Cell: \_\_\_\_\_

Course Title: \_\_\_\_\_

Professor Name: \_\_\_\_\_ TA Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Class Start Time: \_\_\_\_\_

Please check if:  Extended time conflicts with another class, exam or work. If yes, discuss the conflict with your instructor to determine an adjusted start time/date and have your instructor sign the line below indicating their approval for the adjustment.

Adjusted Start Time: \_\_\_\_\_ OR New Date & Time: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

Please check the accommodations you need for this exam (DS will confirm your eligibility for any requested accommodations). If you do not request the accommodations needed for your exam, **they will not be available to you during the exam.**

Extended Time  Computer  Calculator  Rest Breaks  Other: \_\_\_\_\_

### **TO BE COMPLETED BY INSTRUCTOR:**

*(Instructor section is not required for Columbia Chemistry classes or the Contemporary Biology course. Students still must submit this form with the above student section completed to take exam with Disability Services.)*

**1. Exam Specifications: I am allowing all students to use the following. Without the following, DS will not administer this exam.**

Formula Sheet: YES NO If yes, specify how many pages: \_\_\_\_\_

Calculator: YES NO If yes, specify type: \_\_\_\_\_

Class Notes: YES NO Other: \_\_\_\_\_

**2. Oral/Listening Section: YES NO** *(If yes, please proceed to the following questions. If no, please skip to question 3.)*

Oral/Listening Section to be administered by Disability Services: YES NO

If yes, please indicate how the audio files will be sent to DS, by marking the appropriate option below.

Email to: [disability@columbia.edu](mailto:disability@columbia.edu)  Drop section off to DS (700 Lerner)  Record at DS on digital recorder (M-F 9-5)

**3. Amount of time class receives for exam:** \_\_\_\_\_ minutes (DS will increase accordingly)

**4. Contact Information: Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**5. Location during Exam:** \_\_\_\_\_

*(if the student has questions during the exam- please provide phone number or classroom location)*

**6. Delivery of Completed Exam:** *If this section is left blank, the exam will be emailed to your [uni@columbia.edu](mailto:uni@columbia.edu) email.*

Pick up the exam at DS (700 Lerner)  Email scanned copy of exam (No delivery of actual exam)

Deliver to Department Office \_\_\_\_\_  Other: \_\_\_\_\_  
(Building) (Floor/ room)

I agree to have DS administer this exam for the above student on **the date and time listed above** with the appropriate accommodations.

Signature of Instructor \_\_\_\_\_

Date \_\_\_\_\_

**FOR DS STAFF ONLY:**  Database  Verified  Ready  Scanned

**EQUIP:**  1 Computer  2 Computers  Bluebooks (8<sup>3</sup>/<sub>8</sub> x 6<sup>3</sup>/<sub>4</sub>)  CD Player  Digital Recorder  Other: \_\_\_\_\_

## DS STAFF USE ONLY

**Form Received:**Name: \_\_\_\_\_ Date: \_\_\_\_\_  Lockbox (check if yes) Submitted less than 2 weeks prior to exam date - Reason: \_\_\_\_\_

Professor e-mailed for exam permissions by: \_\_\_\_\_ Date: \_\_\_\_\_

Professor e-mailed for contact information by: \_\_\_\_\_ Date: \_\_\_\_\_

**Accommodations Approved:**  Extended Time \_\_\_\_\_  Calculator  Computer  Other: \_\_\_\_\_ Large Print  Rest Breaks with Details: \_\_\_\_\_Equipment Needed:  1 Computer  2 Computers  Bluebooks (8 $\frac{3}{8}$  x 6 $\frac{3}{4}$ )  CD Player  Digital Recorder  Other: \_\_\_\_\_

Confirmed By: \_\_\_\_\_ (DS Staff) Length of Time Permitted for Exam: \_\_\_\_\_

Re- Confirmed By: \_\_\_\_\_ (DS Staff) Length of Time Permitted for Exam: \_\_\_\_\_

### Proctor Log:

Name of Proctor: \_\_\_\_\_ Building &amp; Room: \_\_\_\_\_

Scheduled Exam Start Time: \_\_\_\_\_ Scheduled Exam End Time: \_\_\_\_\_

**\* Call/email DS if student arrives 20 minutes (or more) after the scheduled start time to determine re-calculated end time.**

Actual Exam Start Time: \_\_\_\_\_ Re-calculated End Time (Based on Actual Start Time): \_\_\_\_\_

Actual Exam End Time: \_\_\_\_\_

Computer Use: (Circle One) **YES** **NO** Computer #: \_\_\_\_\_ USB Drive # \_\_\_\_\_**ALL OF THE FOLLOWING MUST BE COLLECTED:**

Blue Book - # used: \_\_\_\_\_ DS Exam paper - # pages: \_\_\_\_\_ Scrap Paper - # pages: \_\_\_\_\_

**Breaks:**

(1) Departure Time: \_\_\_\_\_ Arrival Time (back to exam room): \_\_\_\_\_

(2) Departure Time: \_\_\_\_\_ Arrival Time (back to exam room): \_\_\_\_\_

- If student takes more than two(2) breaks, please alert DS by phone (212-854-2388) or e-mail (disability@columbia.edu)

Comments: \_\_\_\_\_

Proctor Signature: \_\_\_\_\_ DS Staff Signature: \_\_\_\_\_

**Scan Information:**

Exam Scanned By (Name): \_\_\_\_\_ Date: \_\_\_\_\_

**Delivery Information** (Exam Received By):

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

Exam Delivered By: \_\_\_\_\_ Building/Room: \_\_\_\_\_

Please Check:  Departmental Administrative Assistant  Picked up at DS  Emailed to Professor  E-mailed to TA

DS Staff: \_\_\_\_\_ Date: \_\_\_\_\_