

# EXAM SCHEDULING FORM – Please print clearly

**IMPORTANT** – This form is **due** to the DS Office at **least 5 school days before each exam**.  
Exam requests with fewer than 5 school days' notice may not be able to be accommodated.

**Tests will be taken in the Student Learning Center (Room HS1636B)**

Hours for Spring 2022: Mon & Wed from 10:00 – 5:00; Tue & Thu from 10:00 – 3:00

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

ctcLink # \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Course (BIOL101): \_\_\_\_\_ Instructor: \_\_\_\_\_

What **date and time** is the class taking this exam? Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

For this exam, **how much time** does the instructor allow the rest of the class? \_\_\_\_\_ Minutes

What date/time are you requesting to take the exam in the Student Learning Center?

*(Exceptions must be approved in advance by the instructor)*

Date \_\_\_\_\_ Time\* \_\_\_\_\_  AM  PM

\* Mon & Wed between 10:15 am and 4:45 pm (you must finish by 4:45); Tues & Thu between 10:15 am and 2:45 pm (you must finish by 2:45)

If part of your accommodations, will you need:  Scribe  Use of computer

## FOR DS USE ONLY

Date Sched: \_\_\_\_\_ Initials: \_\_\_\_\_ Accommodations: 1.5x 2.0x Sc PR SR

Cmp Other: \_\_\_\_\_