

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

DISABILITY SUPPORT SERVICES
Term Testing Schedule

Student's Name: _____ Phone: _____
E-Mail: _____
Course Name/Number/Section: _____

Accommodations Requested (CIRCLE all that apply): Reader Scribe Computer
Scantron Assist Audio Test Extended Time(double) Segregated Testing
Assistive Technology Requested _____

Exams are prescheduled for the entire term. The times and dates below indicate when you will be taking the exam with DSS. Please fill out the following information completely and accurately. Any changes to these scheduled exams will require a signed reschedule form from the professor at least five days prior to taking the exam.

Exam Date: _____ Exam Time: _____ **FINAL EXAM DATE:** _____
Exam Date: _____ Exam Time: _____
Exam Date: _____ Exam Time: _____
Exam Date: _____ Exam Time: _____ **FINAL EXAM TIME:** _____
Exam Date: _____ Exam Time: _____

NOTE: List a specific time; "ANY TIME" is not acceptable.

Please ask your professor to complete the bottom portion of this form, however, it is still your responsibility to return this form to DSS.

-----**PROFESSOR/INSTRUCTOR**-----

Please answer the following questions and indicate your agreement to these scheduled test times and dates by signing below.

What can the student use during the exam?(CIRCLE all that apply): notes, formulas, textbook, dictionary, calculator, other (please indicate): _____

I allow my students up to _____ minutes of tardiness before I will not allow them to take my exam.

I allow my class _____ minutes to take my exam. (Please use the **BACK** of this form for different test specifics.)

Test delivery options (circle one): Deliver to DSS or Email to DSS or Fax to DSS (See Below); Other: _____

By signing this form I indicate that I understand this student will be taking his or her exams with Disability Support Services (DSS) and all appropriate accommodations will be applied. I will make my exam available on the business day prior to the scheduled exam to allow DSS ample time to apply accommodations. THIS FORM MUST BE COMPLETED AND RETURNED TO DSS NO LATER THAN 5 WORKING DAYS PRIOR TO THE FIRST EXAM.

PROFESSOR SIGNATURE: _____ Name (Print) _____
Date: _____ Campus Extension: _____ Email: _____ Building & Room: _____

Disability Support Services
Student Success Center, Room 1270 – Box 1611
Edwardsville, IL 62026
Office: 618-650-3726 Fax: 618-650-5691
Email: disabilitysupport@siue.edu

(OVER)

Please use this area to schedule any tests that were not able to be scheduled on the front of this form. This may include either additional tests or tests with differing time needs.

Exam Date: _____ Exam Time: _____

- What can the student use during the exam? (circle all that apply): notes, formulas, textbook, dictionary, calculator, other (please indicate):
- I allow my students up to _____ minutes of tardiness before I will not allow them to take my exam.
- I allow my class _____ minutes to take the exam.
- Test delivery options (circle one): Deliver to DSS, Email to DSS, Fax to DSS, other: _____

Exam Date: _____ Exam Time: _____

- What can the student use during the exam? (circle all that apply): notes, formulas, textbook, dictionary, calculator, other (please indicate):
- I allow my students up to _____ minutes of tardiness before I will not allow them to take my exam.
- I allow my class _____ minutes to take the exam.
- Test delivery options (circle one): Deliver to DSS, Email to DSS, Fax to DSS, other: _____

Exam Date: _____ Exam Time: _____

- What can the student use during the exam? (circle all that apply): notes, formulas, textbook, dictionary, calculator, other (please indicate):
- I allow my students up to _____ minutes of tardiness before I will not allow them to take my exam.
- I allow my class _____ minutes to take the exam.
- Test delivery options (circle one): Deliver to DSS, Email to DSS, Fax to DSS, other: _____

Exam Date: _____ Exam Time: _____

- What can the student use during the exam? (circle all that apply): notes, formulas, textbook, dictionary, calculator, other (please indicate):
- I allow my students up to _____ minutes of tardiness before I will not allow them to take my exam.
- I allow my class _____ minutes to take the exam.
- Test delivery options (circle one): Deliver to DSS, Email to DSS, Fax to DSS, other: _____

Comments: _____
