

Office Staff Member: _____ Date: _____

LATE EXAM REQUEST FORM

ATTN OFFICE STAFF: Please contact the testing Coordinator regarding availability. If the availability for the requested date is open, fill in the top of the form and then sign above.

STUDENT INSTRUCTIONS: Please complete Section I. Contact your instructor and have them complete Section II and return to Student Accessibility Resources as soon as possible.

SECTION I:

Student Name: _____ G#: _____
Student Email: _____ Phone: _____
Professor Name: _____ Course: _____

Day(s) of Class (Circle all that apply): M T W R F Time of Class: _____

Test Date: ___/___/___ Start Time (Circle closest time to class time) **8:15AM 10:30AM 1:00PM 3:00PM**

Accommodations: Note it is not guaranteed a reader and/or scribe can be provided on late exam requests.

- Extended Time Scribe Reader Word Processor (Please list the name of the program/software needed and the applicable version number if any: _____)
 Enlarged Print (Please provide preferred font size): _____ Other (please specify) _____

SECTION II:

PROFESSOR INSTRUCTIONS: Please fill the portion below. You can return the form via email to acesstest@gvsu.edu or physically by student to **215 CON** in the **Blue Connection building**.

Professor email: _____ Professor phone: _____

I can be contacted to clarify questions.

The exam will be delivered via:

- Professor or representative to 215 CON (The Blue Connection)
 Emailed to acesstest@gvsu.edu
 Exam will be administered via Blackboard (If access code/password is needed, please email acesstest@gvsu.edu)

I would like the exam returned to me via:

- Runner to professor to room#: _____ (e.g., PAD 100) ***Note Signature is required.**
 By student in sealed envelope to room#: _____ (e.g., PAD 100)
 Picked up by professor or representative at 215 CON (The Blue Connection) ***Note must show ID & sign.**
 Exam will be submitted via Blackboard

APPROVED RESOURCES: Please check all that apply.

- Calculator Open Book Open Notes Math Formulas Charts/Graphs/Tables Scantron
 Other (Please Specify): _____

Does this exam require any software? YES NO

If yes, please list software and version number: _____

How much time are you allowing the class to take the exam/quiz: _____ (in minutes).

Professors signature: _____ Date: ___/___/___

For Staff Use:

Date Form Received: ___/___/___ Signature of Staff: _____

Student Accessibility Resources | 215 The Blue Connection | PH: 616-331-2490 | Email: acesstest@gvsu.edu