Alternative Exam Request Form
Disability Resource Center

The Disability Resource Center will provide alternative exam arrangements for students whose disabilities necessitate this accommodation, and whose professors are unable to accommodate them due to restrictions of time and space. It is the student’s responsibility to get this form filled out and returned to our office at least three days before the date of the exam. Unless arrangements are made with the instructor, the student will take the exam at the scheduled class time.

TO BE FILLED OUT BY THE STUDENT

Student’s Name ___________________________ Phone # ___________________________

Instructor’s Name ___________________________ Phone # ___________________________

Instructor’s Office Location ___________________________ Course ___________________________

Date of Exam ___________________________ Time of Exam ___________________________

Accommodations Needed – Check All That Apply to You

Extended Time (50%) ________ Extended Time (100%) ________ Distraction-Reduced Environment ________

Computer__________ Large Print (font size)__________ Reader _________

Scribe (writer)__________

Other ____________________________________________________________________________

Student’s Signature ___________________________ Date ___________________________

TO BE FILLED OUT BY THE INSTRUCTOR

Uncompleted Exam Will Be (choose one of the following):

_____ Delivered by the instructor to the DRC office (Webster Hall 100)
_____ Sent by e-mail (drc@mail.montclair.edu)
_____ Sent by FAX (655-5308)
_____ Delivered by Student in sealed, signed envelope

Completed Exam Will Be (choose one of the following):

_____ Delivered by the DRC to instructor (please specify location) ___________________________

_____ Picked up by the instructor at the DRC (Date & Time) ___________________________

_____ Scan and email copy to the instructor’s email ___________________________

_____ Delivered by Student in sealed, signed envelope

Special Testing Instructions: __________________________________________________________________________

Time allotted for exam/quiz in the classroom: ___________________________

Instructor’s Signature ___________________________ Date ___________________________

If you have any questions or concerns, please contact Sheena Higgins at (973) 655-5431 or higginss@mail.montclair.edu.