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 Juzdan at (973) 655-5431 or juzdans@mail.montclair.edu.