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 business 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.

**Exams scheduled at the Disability Resource Center must be completed between the hours of 9:00am-4:00pm.**

**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* - The student’s accommodations will be verified by DRC Staff member prior to exam.

To protect the academic integrity of exams, students are monitored by cameras and/or staff when taking exams at the DRC. Any suspicious activity that may suggest academic dishonesty will be reported to your professor. The Office of Student Conduct will also be contacted regardless of faculty decision on the matter.

Student 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):

_____ 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.