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 _______ Distraction-Reduced Environment _______
Computer__________ Large Print (font size) _______
Reader ________ Scribe (writer) ______
Other __________________________________________________________

Student’s Signature ____________________________________ Date __________________________

**TO BE FILLED OUT BY THE INSTRUCTOR**

(Instructions: Check one for uncompleted exam and one for completed exam)

**Uncompleted Exam Will Be:**

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

**Completed Exam Will Be:**

_____ Delivered by the DRC to the department mailbox ______________________
_____ Delivered by the DRC to instructor’s office (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 (ie., open book/notes, use of calculator, etc.) ________________________________

__________________________________________________________________________________________

Instructor’s Signature __________________________ Date __________________________

If you have any questions or concerns, please contact the DRC at (973) 655-5431.