Counseling, Testing, and Disability Support Services
FSC 114 • 417-873-7457
Exam Request

Instructor, a Disability Support Services client requested an exam for Testing Services. Please complete the instructor section of this form and return it with the exam.

To deliver your exam to Testing Services:
1. Email it to ederr@drury.edu (please be sure to include all information from this form).
2. Deliver to FSC 114

*Without at least 48 hours' notice, testing accommodations cannot be guaranteed.

Instructor:
(Ex: First name, last name)

Student:
(Ex: First name, last name)

Course:
(Ex: HIST 108)

Exam Name:
(Ex: Exam 1)

Exam Date and Time:
(Ex: 12/01/14 @ 10:00 am)

*Accommodations you are authorized to use on this exam:
- [ ] Extended Time
- [ ] Reader (please rank in order of preference)
- [ ] Scribe
- [ ] Enlargement
- [ ] Computer
- [ ] Other: _______________________
  - [ ] Person-to-Person
  - [ ] SanDisk
  - [ ] Cassette
  - [ ] Read Write Gold

Instructions:
Resources Allowed: [ ] Textbook [ ] Notes [ ] Calculator [ ] Other: _______________________

Class Time Limit: ________
(Needed to determine extended time)

Expiration Date: ________
(Latest date a student can take this exam)

Contact Information:
(How do we contact you if questions arise?)  Phone: _______________  Email: _______________

How would you like the exam returned to you?
- [ ] Deliver to my mailbox: Location _______________
- [ ] Pick up exam at Counseling Center in FSC 114

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