

# EXAM BOOKING FORM

FOR STUDENTS WITH ACADEMIC ACCOMMODATIONS

**ACCESSIBILITY  
SERVICES**

for Students with Disabilities



EXAM LOCATION:  SILVER KING CAMPUS  TENTH STREET CAMPUS  VICTORIA STREET CAMPUS

Instructor's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Course Name/Number/Section: \_\_\_\_\_

SELECT OPTION:  QUIZ  TEST  MIDTERM  FINAL  OTHER (SPECIFY) \_\_\_\_\_

Exam Day and Date for Class: \_\_\_\_\_

EXAM FORMAT:  PAPER  MOODLE  LAUNCHPAD  ONLINE  OTHER (SPECIFY) \_\_\_\_\_

Class Start Time for Exam: \_\_\_\_\_ Exam Duration for Class: \_\_\_\_\_

**INSTRUCTOR: PLEASE INDICATE (X) IN THE APPROPRIATE BOXES & SIGN BELOW**

	YES	NO	N/A
Open Textbook			
Notes (specify)			
Formula Sheet or Index Card			
Calculator			
Other (specify)			

Instructor, please indicate any specifications (if needed) regarding the allowances checked off (eg. size of index card allowed etc.) and/or any other special instructions or requirements:

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**FOR ACCESSIBILITY SERVICES USE ONLY**

Student Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Exam Request Received: \_\_\_\_\_ Date Exam Request Email Sent: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Available End Time: \_\_\_\_\_ Actual End Time: \_\_\_\_\_

Invigilator Comments: \_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED