

EXAM ACCOMMODATION REQUEST FORM
Services to Students with Disabilities
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Student Name: _____ Request for: Fall Winter Spring Summer 20 ____

Coyote ID#: _____ CSUSB Email: _____ @csusb.edu

Contact Phone: _____ (circle one) home work cell

- **It is MY responsibility** to discuss exam accommodations with my instructor and submit a completed request form to SSD by the deadlines posted in the SSD office and emailed to the SSD listserv. (Exceptions will be handled on a case-by-case basis)
- **It is MY responsibility** to schedule and confirm the date and time of all final exams with SSD by the deadlines posted in the SSD office and emailed to the SSD listserv, and failure to do so may affect time and space availability for my exam.
- **It is MY responsibility** to ensure this form is filled out completely and correctly. The lack of any pertinent information may result in SSD being unable to coordinate exam accommodations.
- **I am aware** that SSD must receive confirmation of any change in exam dates/times directly from instructors in order to approve such changes.
- **I am aware** that by making this request, I am authorizing SSD to release information related to my exam accommodations to those involved in the coordination of the exam arrangements. Persons may include faculty, departmental staff, and SSD.
- **I am aware** academic integrity is expected at CSUSB and I agree to adhere to the University guidelines.

I have read and agree to the above responsibilities and statements:

Student Signature _____ **Date** _____
 (Required)

<p>*To be signed by Instructor</p> <p>Course _____ Days/Time _____ Location _____</p> <p>Instructor Name _____ Phone _____</p> <p>Instructor E-mail _____ Mailbox Location _____</p> <p>Office Location _____ Office Hours _____</p> <hr/> <p>If I choose to proctor the exam:</p> <ul style="list-style-type: none"> ▪ I must provide appropriate accommodations as determined by the SSD office. <p>If I choose to have SSD proctor the exam:</p> <ul style="list-style-type: none"> ▪ I will be contacted via email or phone to obtain specifics regarding exam delivery and other instructor recommendations and details. ▪ I must provide dates/times of all exams, or enter "TBD" (to be determined) and inform SSD of the confirmed date 5 business days prior to the exam. ▪ When scheduling conflicts occur, tests may be scheduled at an alternate time the same day or the following business day. Such conflicts will be handled on a case-by-case basis. <p>Instructor Signature _____ Date _____ (Required)</p>	<p><u>Exam Dates and Times</u></p> <p>Exam 1</p> <hr/> <p>Exam 2</p> <hr/> <p>Exam 3</p> <hr/> <p>Final Exam</p>
--	---

White-SSD Canary-Student Pink-Professor

S:\SSD Forms\Exam Accommodation Request Form.doc
 Last Update: 12/17/07

Received