



uLethbridge Calgary Accommodation Exam Request Form

Exam request forms must be submitted at a minimum of TWO weeks prior to the scheduled exam date. Forms should be submitted via e-mail to cgv.accommodations@uleth.ca. Each exam request form needs to be saved as an individual file.

Please ensure that you fill out the top portion of the form COMPLETELY to request exam accommodations. Should you need information regarding the exam details, please see your course syllabus, or talk to your instructor. Forms that are not complete will not be accepted.

Student Information:	
Student Name:	
Student ID #:	E-mail:

Exam information
Course Name:
Instructor Name:
Exam Name (See Course Syllabus):
Scheduled exam date (on Syllabus):
Length of scheduled exam*:
Is this a Moodle Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No

*This is the length of the in-class examination

Instructor/ Staff Portion

Exam Location: **Bow Valley College** South Campus North Campus West Campus

Athabasca University

Accommodated Exam Request Information	
Date:	
Time:	Duration:

Instructor Section:

****Please fill out and return with exam 2 days prior to exam date**

<p>Exam Details</p> <p><input type="checkbox"/> Scantron required</p> <p><input type="checkbox"/> Exam Booklet Required</p> <p><input type="checkbox"/> Open Textbook exam</p> <p><input type="checkbox"/> Open Note Exam</p> <p><input type="checkbox"/> Calculators permitted</p> <p><input type="checkbox"/> Personal laptop permitted</p> <p><input type="checkbox"/> Computer use permitted</p> <p><input type="checkbox"/> Scratch paper permitted</p> <p><input type="checkbox"/> 'Note sheet' permitted</p> <p>Please describe the specifics of the 'note sheet' (# of sheets? Double sided? Written? Typed?):</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Staff Section:

<p>Accommodations and Aids Required</p> <p><input type="checkbox"/> Distraction Reduced room</p> <p><input type="checkbox"/> Extra Time Amount: _____</p> <p><input type="checkbox"/> Read and Write Gold</p> <p><input type="checkbox"/> Dragon Naturally Speaking</p> <p><input type="checkbox"/> Reader/ Scribe</p> <p><input type="checkbox"/> Use of a computer</p> <p><input type="checkbox"/> Other: _____</p>
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<p>Additional Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Written Exam Time (In Testing Centre)	
Time in:	Time out: