

**PACIFIC UNIVERSITY**  
**OFFICE OF LEARNING SUPPORT SERVICES**  
**EXAM ACCOMMODATION REQUEST FORM**

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**STUDENT:** Fill out the top of this form, then take it to your professor for approval. Bring or send the completed form to Learning Support Services in McCormick Hall 203. Requests must be made at least five (5) days before the exam, and two weeks (10 working days) before a final exam.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Class: \_\_\_\_\_

Professor: \_\_\_\_\_

Schedule Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Check here if you will need to schedule all or part of your exam at a different time due to your class/work schedule.

**Accommodation needs:**

_____	Separate Room	_____	Reader/taped test
_____	Spell-checker	_____	Scribe
_____	Extended time and a half	_____	Extended time
_____	Other: _____		

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**PROFESSOR:** If you have not received a memo regarding this student's accommodation needs, you may call Learning Support Services (ext. 2171/2107) to verify the request(s) made above.

\_\_\_\_\_ I will proctor the exam with accommodations.  
\_\_\_\_\_ Student will take half of the exam in class and finish it at Learning Support Services (Mac 218).  
\_\_\_\_\_ Student will take all of the exam at Learning Support Services (Mac 218).

**Proctoring information:**

Class time allotted for exam: \_\_\_\_\_

**Student may use:**

_____	Open books/notes	_____	Calculator
_____	Notecard, formula sheet	_____	Dictionary
_____	Other: _____		

**Delivery of exam:**

\_\_\_\_\_ I will bring exam to Learning Support Services (Mac 218) by \_\_\_\_\_  
\_\_\_\_\_ Student will bring exam with him/her.  
\_\_\_\_\_ Other: \_\_\_\_\_

**Return of exam:**

\_\_\_\_\_ I will pick up exam upon completion.  
\_\_\_\_\_ Student will return exam to me.  
\_\_\_\_\_ Learning Support Services will return exam to \_\_\_\_\_

**Professor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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\_\_\_\_ Learning Support Services      \_\_\_\_\_ Professor's copy      \_\_\_\_ Student copy