PACIFIC UNIVERSITY
OFFICE OF LEARNING SUPPORT SERVICES
EXAM ACCOMMODATION REQUEST FORM

FOR STUDENT: Complete this section and meet with your Professor to complete the ‘For Professor’ section below at least five (5) days before the exam (two weeks – 10 working days – before a final exam. Once the Professor completes their portion, please bring this form in to LSS. LSS will schedule the exam and send a reminder email to you and your professor. (Note: if you wish to schedule all exams for the semester, please feel free to enter multiple dates. LSS will enter all exams and then will send reminders to you and your Professor approximately 1 week prior to the scheduled exam)

Name: __________________________________________ Phone: ___________________________
Course: __________________________________________ Professor: ________________________
Scheduled 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 schedule.

Accommodation needs:
_____ Reader/taped test _______ Extended (x1.5) time _______ Extended (x2) time
_____ Separate Room _______ Spell-checker _______ Scribe
_____ Other: ______________________________

FOR PROFESSOR: If you have not received a memo regarding this student’s accommodations, you may call Learning Support Services (ext. 2171 or 2274) for verification.

_____ Professor will proctor the exam with accommodations. 
_____ Student will schedule the exam with a proctor.

Proctoring information:
Class time allotted for exam: __________________________

Student may use:
_____ Open books/notes (specify)__________________________ _____Calculator (Specify)____
_____ Notecard, formulas (specify)__________________________ _____Dictionary
_____ Computer (no internet access) _________________________ _____Computer/personal laptop okay (internet access)
_____ Other: ______________________________
_____ None of the above.

Delivery of exam:
_____ The professor will hand-deliver exam to proctor by __________
_____ The professor will e-mail the exam to proctor
_____ Student will pick up exam in class in a signed and sealed envelope

Return of exam:
_____ Professor will pick up exam from proctor
_____ Student will return exam to professor in a signed and sealed envelope
_____ Proctor will return exam in a signed and sealed envelope to ____________________________

Professor’s signature: ____________________________ Date: ________________

FOR OFFICE USE ONLY:
Location:
_____ Learning Support Services
Contact: Kim Garrett, kjgarrett_mrc@pacificu.edu, 503-352-2171
Frank Smith, frank.smith@pacificu.edu, 503-352-2274

Alternate Date and Time (if different from original exam):
Date: ____________________________ Time: ____________________________