

# Disability Resource Center: Exam Accommodation Form

**DRC Hours: Monday-Thursday 8:00AM-7:00PM      Friday 8:00AM-5:00PM**

Student Name: _____	Course: _____
Prof. Name: _____	Prof. Signature: _____
Office Phone #: _____	Cell Phone #: _____

Room \_\_\_\_\_  
 Start \_\_\_\_\_  
 End \_\_\_\_\_  
 Extended-time  
 Accommodation

Office use only

**Approved Date:**    /    /    **Approved Start Time:**    :    AM/PM

**Length of Exam:** \_\_\_\_\_ minutes

**Recurring Exam?**    Yes / No

If yes, indicate the dates on which the exam will recur: \_\_\_\_\_

**How will we receive the exam?**

(Dropped off at 20 Dodge Hall)      (E-mailed to [DRC@northeastern.edu](mailto:DRC@northeastern.edu))      (Brought by student)

**How will completed exam be returned?**

Picked up? Yes / No      Delivered? Yes / No      Address for Delivery: \_\_\_\_\_

**Equipment/Materials allowed for students**

Equipment/Materials	Allowed?	Specifications
Calculator	Yes    No	
Textbook	Yes    No	
Notebook	Yes    No	
3"x 5" note card	Yes    No	
8.5"x 11" note page	Yes    No	
Computer w/internet	Yes    No	
Scantron	Yes    No	
Bluebook	Yes    No	
Other	Yes    No	

Office use only

Exam Date:    /    /    Start Time: \_\_\_\_\_ AM/PM    Proctor: \_\_\_\_\_

End Time: \_\_\_\_\_ AM/PM    Proctor: \_\_\_\_\_

Return Date:    /    /    Delivered by: \_\_\_\_\_

Received by: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_