



Student Disability Services
 Oklahoma State University – Tulsa Campus
 (918) 594-8354

EXAM REQUEST FORM

TODAY'S DATE: _____ UNIVERSITY: _____

STUDENT NAME and CWID: _____

INSTRUCTOR NAME / PHONE NUMBER / E-MAIL: _____

COURSE NAME: _____ SECTION: _____

TEST IS TO BE ADMINISTERED BETWEEN: ___ / ___ / ___ AND ___ / ___ / ___ CLASS TEST TIME ALLOTTED: _____
 (Date (Date)

NAME OF PERSON PROCTORING EXAM: _____

IF THE TEST IS NOT TAKEN WITHIN THE SPECIFIED TIME, IT WILL AUTOMATICALLY BE RETURNED TO THE INSTRUCTOR'S INSTITUTIONAL MAILBOX AND IT WILL BE UP TO THE STUDENT, WITH PERMISSION OF THE INSTRUCTOR, TO RESCHEDULE THE TEST FOR ANOTHER TIME.

NOTE: students with disabilities are allowed extra time and should schedule accordingly. It is recommended that the student calls the student disability services office at least 24 hours prior to taking the test.

PLEASE MARK ALL THAT APPLY:

NOTES ALLOWED _____ YES (If yes, specify) _____ NO

BOOKS ALLOWED _____ YES (If yes, specify) _____ NO

CALCULATOR ALLOWED _____ YES (If yes, specify) _____ NO

STUDENT MUST PROVIDE SCANTRON FORMS _____ YES _____ NO

SPECIFY WHERE TO LEAVE COMPLETED EXAM:

Your Institution Personal Mail Box _____ Mail/Courier to Campus _____
 Hold in Desk / Will Pick-Up _____ Other _____

ADDITIONAL INSTRUCTIONS FOR ADMINISTERING THE EXAM:

NOTE:

- **Office Hours:** Monday through Friday - 8 A.M. - 5 P.M.
- Please take test(s), along with Exam Request Form, to Student Disability Services - North Hall 103, behind Information Desk. You can leave test with Student Disability Services personnel (SDS) or staff unless you choose to make other arrangements with the student.

FOR STAFF USE ONLY:

Date of Exam: _____ **Exam Start Time:** _____ **Exam Start Time:** _____