INSTRUCTOR SECTION to complete:

Instructor Name _______________________________ Phone/Room# ____________________________
E-mail ______________________________________ Course ________________________________
Date of Exam/Quiz(s) __________________________ Exam Start/End Time for Class ____________
Alternative Date/Time of Exam __________________

TEST INFORMATION
*please initial all that apply in this section*

______ open book ______ use of notes ______ calculator type ______ scantron ______ blue book ______ other
Please specify ____________________________________________________________

Options for delivery of exam to Mitchell 112: Instructor, provide exam 24 hours before exam date w/options listed here.

______ Student delivery (in sealed envelope) ______ Instructor delivery ______ Instructor E-mail (archelp@uwm.edu)

Options for return of exam to Instructor: Instructor, these are the options.

______ Instructor pick-up ______ Electronic return e-mail ________________________________________
______ Student return (in sealed envelope to dept. (bldg./rm.) ______________________________________

Instructor Signature/Date ________________________

STUDENT SECTION to complete:

Student Name ________________________________ Student ID ________________________________
E-mail ________________________________ Phone __________________

ARC APPROVED ACCOMMODATIONS: (Verified by ARC)

______ Extended Time ________________________________ Minimally Distracting Environment
______ Alternative Format (Electronic, Braille, Large Print) Reader/Scribe
______ Use of Adaptive Equipment (CCTV, alternative keyboard) Dictionary/Spelling Ace
______ Use of computer (independent computer use required)
______ Other ______________________________________

Student Signature/Date ________________________

ARC COMPLETES THE FOLLOWING:

Exam Form Receipt Exam Receipt Date Exam Date w/Accommodated Time
Initial/Date Initial/Date Date
Begin Time End Time Site Proctor
Initial/Date Initial Initial
NOTES:

Electronic Return: (date, time, initials) Exam Time: Final:

**ATTENTION** Instructional Staff: Sign/date that exam was received. Return form to Mitchell Hall 112.