

SPSCC DISABILITY SUPPORT SERVICES

EXAM SCHEDULE FORM

ATTACH AND DELIVER THIS FORM WITH EXAM

THIS PART TO BE FILLED OUT BY FACULTY:

DATE:

STUDENT:		INSTRUCTOR:	
CLASS:		EXAM DATE:	TIME:
TIME ALLOTTED WITH ACCOMMODATION:		INSTRUCTOR WILL PICK UP EXAM: <input type="checkbox"/>	

SPECIFIC INSTRUCTIONS:

- QUIET ROOM EXTRA TIME DRAGON NATURALLY SPEAKING
 READER SCRIBE LARGE PRINT CALCULATOR
 OPEN BOOK NOTES DICTIONARY

OTHER:

QUESTIONS: CALL SHANON MILLMAN AT 596-5238

DSS SIGNATURE:

This portion to be filled out by the staff ONLY:

Date exam administered:

Time exam started:

NO SHOW:

Time exam ended:

Comments:

Staff Signature:
