

SPSCC ACCESS SERVICES EXAMS & MAKE-UP EXAMS

SCHEDULED EXAM FORM

ATTACH AND DELIVER THIS FORM WITH EXAM

THIS PART TO BE FILLED OUT BY FACULTY:

DATE: _____

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

** (AS PER student's LOA from ACCESS Services)

SPECIFIC INSTRUCTIONS:

- PRIVATE ROOM
 EXTRA TIME
 CALCULATOR
 LARGE PRINT
 NOTES
 OPEN BOOK
 SCRIBE
 READER
 DICTIONARY
 DRAGON NATURALLY SPEAKING
 OTHER : _____

Please email questions to: assessment@spscc.edu

This portion to be filled out by Assessment Staff ONLY:

Date exam administered:	Time exam started:
NO SHOW: <input type="checkbox"/>	Time exam ended:
Comments:	
Assessment Signature:	
Picked Up:	Date: