

# Exam Accommodation Request Form

Services to Students with Disabilities  
California State University, San Bernardino

Student Name: \_\_\_\_\_ Request for 20\_\_\_\_ Fall Winter Spring  
Summer Session: Regular 6W1 6W2  
Coyote ID: \_\_\_\_\_ CSUSB Email: \_\_\_\_\_@coyote.csusb.edu  
Phone Number: \_\_\_\_\_ (Circle One) Home Work Cell

1. **It is MY responsibility** to discuss exam accommodations with my instructor and submit this request to SSD five (5) business days prior to regular exams/quizzes and three (3) weeks before final exams. Exceptions will be handled on a case by case basis.
2. **It is MY responsibility** to schedule and confirm the date/time of all final exams with SSD by the posted/emailed deadlines. Failure to do so may affect the time and space availability for my exam.
3. **It is MY responsibility** to ensure this form is filled out **completely** and **correctly**. The lack of any pertinent information may result in SSD's inability to coordinate exam accommodations.
4. **I am aware** that SSD must receive confirmation of any change in exam dates/times **directly from instructors** in order to approve changes.
5. **I am aware** I am authorizing SSD to release information related to my exam accommodations for coordination of exam arrangements. Persons may include faculty, departmental staff and SSD.

**I have read and agree to the above responsibilities and statements.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course: \_\_\_\_\_ Class Number and Section: \_\_\_\_\_ Days/Time: \_\_\_\_\_  
Location: \_\_\_\_\_ Instructor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Office Location: \_\_\_\_\_ Department Location: \_\_\_\_\_ Office Hours: \_\_\_\_\_  
Instructor Email: \_\_\_\_\_@csusb.edu

Information for the Instructor:

**If I choose to proctor the exam:**

1. I must provide appropriate accommodations as determined by the SSD office.

**If I choose to have SSD proctor the exam:**

1. I will be contacted via email/phone to obtain information about exam delivery and special instructions.
2. I verify that the exam/quiz dates/times below are correct and complete.

**When scheduling conflicts occur, exams may be scheduled at an alternate time the same day or the following business day. Such conflicts will be handled on a case by case basis.**

\*Please note that the schedule for final exams will differ from the university schedule\*

Exam Dates/Times		Quizzes Dates/Times
1. _____	4. _____	1. _____
2. _____	5. _____	2. _____
3. _____	6. _____	3. _____

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

Received