

EXAM TRANSMITTAL FORM

SECTION 1: FACULTY INFORMATION			
Name:		Emergency Contact #:	
Date:			
SECTION 2: STUDENT INFORMATION			
Course: Section: Class time: Exam:		Exam(s) may be administered to: <input type="checkbox"/> Individual student(s) only <input type="checkbox"/> Any of my students	
Student Name(s):			
SECTION 3: PROCTORING CONDITIONS			
Normal time allowed for exam (we will adjust extended time): <input type="checkbox"/> 50 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> 75 minutes <input type="checkbox"/> 90 minutes <input type="checkbox"/> 2 hours <input type="checkbox"/> Other:		Exam date(s) of availability: If not taken by end date, student must contact me for permission to reschedule: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Permitted supplemental aids: <input type="checkbox"/> None <input type="checkbox"/> Notes <input type="checkbox"/> Textbook <input type="checkbox"/> Other: DAS should: <input type="checkbox"/> Collect aids and return to faculty <input type="checkbox"/> Collect aids and shred <input type="checkbox"/> Allow student to keep aids	
		Calculator: <input type="checkbox"/> None <input type="checkbox"/> Any <input type="checkbox"/> Basic 4-function <input type="checkbox"/> Scientific <input type="checkbox"/> Graphing <input type="checkbox"/> Other:	
Any other special instructions:			
SECTION 4: RETURN INSTRUCTIONS (Please select one)			
<input type="checkbox"/> Hold for pick up <input type="checkbox"/> I will pick up exam(s) <input type="checkbox"/> Designated individual will pick up exam(s):		<input type="checkbox"/> Campus mail:	
		<input type="checkbox"/> PDF scan to UMSL email	
		<input type="checkbox"/> N/A – Online	

Submit form and exam to:
 Disability Access Services
 Millennium Student Center Suite 131
 dastesting@umsl.edu