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