

Center for Students with Disabilities
Exam Administration Form

Section 1: Student Information – STUDENT COMPLETES

Student Name _____ PeopleSoft # _____ Cell Phone _____

Section 2: Course and Instructor Information – STUDENT COMPLETES

Course _____ Section _____ Instructor Name _____

Instructor Phone # _____ Instructor Email _____ Office _____

Please provide the phone # or email we can contact the instructor at during the exam: _____

Section 3: Exam Information – STUDENT COMPLETES WITH INSTRUCTOR

Type of Exam: Quiz Exam Midterm Final Other _____

All exams are to be taken during the scheduled time of the course unless an alternate time is approved by instructor

The CSD is available to administer exams M-F between 8 am – 5 pm.

Date of Exam in Class: _____ Time of Exam in Class: _____ Time allocated for exam in class: _____

Date of Exam at CSD: _____ Time of Exam at CSD: _____

Alternate time approved by instructor: N/A No Yes Instructor Initials _____

Materials Allowed: (check all that apply) Instructor Initials _____

No materials allowed Open Book Open Notes Scrap Paper

Calculator: Type _____ Check for pre-programmed data? Yes No

Note Cards: Type/extent of use _____

Formula sheet: Type/extent of use _____

Other _____

Section 4: Exam Delivery and Return Information – INSTRUCTOR COMPLETES

The CSD staff cannot pick up or deliver exams, nor will exams be returned via campus mail

How will you deliver the exam?

E-mail to csdexams@uconn.edu

Instructor/TA will deliver to CSD

Student will deliver in sealed envelope

How would you like the exam to be returned?

CSD e-mails to _____

Instructor/TA will pick up from CSD

Student will deliver in sealed envelope to _____

Section 5: Signature Verification – STUDENT AND INSTRUCTOR COMPLETE

Student Signature _____

Date _____ / _____ / _____

Instructor Signature _____

Date _____ / _____ / _____

****RETURN THIS COMPLETED FORM TO THE CSD NO LATER THAN THREE BUSINESS DAYS IN ADVANCE OF THE EXAM****

Section 6: Form and Exam Received (CSD USE ONLY)

Exam Administration Form received on: ____/____/____ Form Received by_____(CSD Initials)

Exam Received on: ____/____/____ Exam Returned/Picked Up on: ____/____/____

Exam Received by_____(CSD Initials) Returned/Picked up by_____(Instructor/TA Initials; CSD Initials)
if e-mailed

Security Bag # (if applicable)_____

Section 7: Accommodation Information (CSD USE ONLY)

- Extended Time – 2X Reduced Distraction Environment Private Room Breaks During Testing
- Calculator Computer Large Print/Braille Reader/Scribe_____
- Other_____Accommodations verified by_____(CSD Initials)

Section 8: Student Completes Before Exam Begins (CSD USE ONLY)

I acknowledge that I have used the restroom (if needed) before the exam, have removed jackets/baggy clothing and hats and have ensured that all personal items (including phones and other electronics are silenced and put away._____(Initials)

*Time allocated for exam at CSD_____ Testing Room_____

Time Began_____ CSD Initials_____ Time Ended_____ CSD Initials_____

Student excused from room: Time out_____ Time returned_____ Reason_____

Section 9: Student Completes After Exam Ends (CSD USE ONLY)

According to the University’s Responsibilities of Community Life: The Student Code, academic misconduct is dishonest or unethical academic behavior that includes, but is not limited to, misrepresenting mastery in an academic area (e.g., cheating), failing to properly credit information, research, or ideas to their rightful originators or representing such information, research, or ideas as your own (e.g., plagiarism). I acknowledge that this exam was taken in accordance with the Student Code at the Center for Students with Disabilities with my approved accommodations. The accommodations were appropriate and testing conditions satisfactory. Any unsatisfactory conditions should be indicated below.

SIGNATURE_____ Date ____/____/____

Notes/Comments: (Please date and initial)

CSD Use Only – Exam Analysis