Student Exam Accommodation Form

You are only eligible for exam accommodations if that is an approved accommodation in Letter of Accommodation. It is your responsibility to provide your professor with a copy of the Letter of Accommodation at the start of the term.

Once an examination is scheduled, YOU MUST SUBMIT THIS NOTICE FORM AT LEAST 10 BUSINESS DAYS BEFORE THE SCHEDULED TEST DATE. For example, if you want to take a test on Monday, you must submit the request two Mondays before by 5:00 PM. It is YOUR responsibility to fill out this form on time. If you submit this form late, then you may not be able to take the exam at an alternative location at your preferred time and date.

Upon receiving this request, we will contact your professor to confirm the exam date and obtain the examination materials. We will make every effort to schedule the examination on the same date and at the same time as the remainder of your class. If this is impossible, we will contact your professor to authorize an alternative exam date or exam time.

Proctors are available Monday - Thursday from 10:00 am - 5:00 pm. The LAST available appointment starts at 2:30 pm. In the event that a proctor is not available during your requested time, we will reach out to you to offer alternative appointments. IF YOU ARRIVE LATE FOR YOUR SCHEDULED TEST, IT MAY BE CANCELLED.

Questions, comments, and concerns may be sent to accommodations@saintpeters.edu.

IF YOU NEED TO CANCEL OR CHANGE YOUR APPOINTMENT, please email accommodations@saintpeters.edu.

STUDENT INFORMATION

Name: ___________________________ Phone: ___________________________

ID#: ________________________________

Saint Peter’s Email: ________________________________
COURSE INFORMATION

Please fill out the information about the course.

Course: ____________________________ Section: ____________________________

Professor Name: _______________________________________________________

Email: ____________________________ Phone: ____________________________

EXAM INFORMATION

Please fill out the specific information about the exam you are requesting to take in an alternate location.

Date of class’ exam: _____/_____/______ Time: _____:_____ AM/PM

Length of exam: ____________________________ minutes/hours

If you are requesting to take the test on a different day or time because of a conflict, please indicate below. Note: You are not guaranteed a particular exam date or particular examination time. This office will coordinate with your professor to make arrangements.

□ Yes
□ No

If yes, please explain the conflict:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________