

**EXAM PERMISSION/ADMINISTRATION FORM**

**STUDENT DISABILITY SUPPORT SERVICES**

**\*\*Must be executed with professor 7 days /one week before exam date & returned to Disability Support Services 3 days before exam date. Student may use this form for more than one exam in the same class.**

**Student information:**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Course and instructor Information:**

Course Name \_\_\_\_\_ Course Number & Section \_\_\_\_\_

Instructor \_\_\_\_\_ Instructor email \_\_\_\_\_

Instructor phone \_\_\_\_\_

Exam Date \_\_\_\_\_ Time \_\_\_\_\_ (Alternate exam time?)

<b>Preferred method of exam delivery</b> <i>(Please check one)</i>
E-mail to <a href="mailto:lszulc@methodist.edu">lszulc@methodist.edu</a>
Student pick up at instructor's office before class
Will be delivered by myself or designee
<b>**In the event that exams are not available at the time of student arrival, he or she will be referred back to the professor</b>
<b>Preferred method of exam return</b> <i>(Please check one)</i>
Student return in sealed envelope
Will be picked up by myself or designee

<b>Exam Instructions</b> <i>(Please select applicable)</i>
Use of calculator
Use of note card
Use of extra paper
Scantron
Blue Book

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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