STUDENT INFORMATION: *Please complete all sections.
Students are advised to take the exam on the same date & time as the class unless other arrangements have been made with the instructor.
*Student’s Name: ____________________________________________ *ID Number: __________________________
*Course Name and Number (ex., ACCT. 212-08): __________________________

FACULTY INFORMATION: *Please complete all sections.
The DSS office asks all faculty to proctor tests for students whose only testing accommodation is 50% extended time.
*Instructor’s Name: ______________________________________________
*Email Address: __________________________ *Phone Number: __________________________
*Exam Date: __________________________ *Exam Time: __________________________
*Class time allotted for exam: __________________________ (DSS staff will calculate extended time)
*Initial all approved materials for the exam:
  ___ None    ___ Scratch Paper    ___ Word    ___ Scientific Calculator
  ___ Green Book    ___ Open Book    ___ Excel    ___ Graphing Calculator
  ___ Scantron    ___ Open Notes    ___ POM 4 Windows    ___ 4 Function Calculator
*Additional approved materials/Special instructions: __________________________

*Exam Delivery Info: (check one)
  ___ Instructor will deliver the exam to the DSS Office.
  ___ Instructor will email the exam to dsslmu@lmu.edu.
  ___ Student will deliver the exam to the DSS Office in a signed, sealed envelope.

*Exam Return: (check one)
  ___ Instructor will pick up completed exam. (DSS hours are M-Th. 8:00 am – 5:00 pm, F. 8:00am – 4:00 pm)
  ___ Student will return exam to instructor. DSS will stamp and sign the sealed envelope.
  ___ DSS will return exam to __________________________ __________________________.
  __________ (Building and Room Number)
  ___ DSS will scan and email exam to the faculty email listed above.

Faculty’s Signature: __________________________ Date: __________________

REMINDER: THIS FORM MUST BE RETURNED TO THE DSS OFFICE NO LATER THAN SEVEN (7) DAYS BEFORE ALL EXAMS AND FOURTEEN (14) DAYS BEFORE FINAL EXAMS.

DSS Staff Only:
☐ Extended Time: (50%) ______ (100%) ______ other ______
☐ Computer    ☐ Private Room    ☐ Proctor    ☐ Other: __________________________
Staff Initial: __________________________ Date Received: __________________

White Copy (DSS)    Yellow Copy (Faculty)