

DRC EXAM ACCOMMODATIONS FORM**Disability Resource Center**

Peters Campus Life Building, Suite 180

Phone: 815-753-1303

Email: drc_exam@niu.edu

DRC STAFF USE ONLY:

Exam Date: _____

Exam Time: _____

Received Date & Initials: ____/____/____

Forms will only be accepted if they are **complete** (filled-out and signed by Lesly Schoo, COL Administrator, in Swen Parson, Rm. 190) and turned in **by the student via email** to **drc_exam@niu.edu** (preferred) or **in person**, no later than 4:30pm at least **5 business days** before scheduled exams, i.e., Monday for Monday. By turning in the Exam Accommodations Form, students agree to rules and policies in the DRC Policy and Procedure Manual. **Students who are more than 15 minutes late to a scheduled start time may not be permitted to take the exam.**

TO BE COMPLETED BY STUDENT: COMPLETE ALL INFORMATION

Student: _____

Instructor: _____

Phone no: _____

Course/Section: _____

ZID: _____

Access Consultant: _____

ACCOMMODATIONS

Environment	Alternative Format		Assistive Technology/Equipment
<input type="checkbox"/> Extended Time: <input type="checkbox"/> 1.5x <input type="checkbox"/> 2.0x <input type="checkbox"/> 3.0x <input type="checkbox"/> Low Distraction <input type="checkbox"/> Break <input type="checkbox"/> Other:	Audio: Choose One <input type="checkbox"/> TextAloud/Audio Exam <input type="checkbox"/> JAWS <input type="checkbox"/> Scribe for Scantron	Other: <input type="checkbox"/> Braille <input type="checkbox"/> Tactile Drawings <input type="checkbox"/> Interline <input type="checkbox"/> Large Print Font Size: _____	<input type="checkbox"/> Calculator <input type="checkbox"/> Braille Writer <input type="checkbox"/> CCTV <input type="checkbox"/> Computer <input type="checkbox"/> Flash Drive <input type="checkbox"/> Dragon (Verified by DRC staff)

TO BE COMPLETED BY COL ADMIN: COMPLETED FORMS MUST BE RETURNED BY STUDENT

COL Admin's Name: _____

COL Admin's Signature: _____

Contact # (for student questions) _____

Email: _____

EXAM INFORMATIONIn-Class Date: _____In-Class Start Time: _____In-Class Duration: _____

Alternate date/time if needed: _____

 Scantron Scratch Paper Computer Bluebook Calculator ExamSoft

Special Instructions (open book, notes, etc.): _____

EXAM Acquisition and Return Options*****

Please note that if a student requires their exam to be in an alternative format, an electronic copy of the exam may be requested.

 Hand Deliver Exam to DRC Email to drc_exam@niu.edu Fax to DRC: 753-9570

**Exams may need to be rescheduled for the student to take once the materials have been adapted.

***DRC may require **up to 48 business hours** after student completes exam before it is ready to be emailed or campus mailed. DRC to scan and email COL Admin or department representative to pick up from DRC (marked as HOLD) DRC is authorized by course instructor to return exam through Campus Mail Service **ONLY M-W-F** (relieving DRC of any responsibility for the exam once it enters the Campus Mail System. **Also, this is NOT an option during Final Exams**).**For DRC use only:**

Exam Deliver/Received by: _____/Date: _____ Exam P/U by: _____/Date: _____