

## Office of Disability Services

## **Exam Accommodation Agreement**

By signing below, I understand that if I choose to take my exams at the Testing Center, I must agree to the following;

\_\_\_ I must give my instructor my Accommodation Letters and discuss with them my accommodation needs during the first few days of the quarter or as soon as possible.

\_\_I must provide a copy of the Accommodation Letter to Testing Center if I plan to take the exams at the Testing Center.

\_\_\_\_To schedule an exam, I must submit the "Test Proctoring for ODS" form to Testing Center no later than three (3) business day before the requested exam date.

\_\_\_It is my responsibility to communicate with my instructor to make sure that Testing Center has all necessary information, completed forms, etc., before the day of the my exam.

\_\_It is my responsibility to arrive on time for my exams. I understand that Testing Center will not proctor the exam if I'm more than 15 minutes late. I understand that I will need to get instructor's approval to take the exam at a different time (late arrival, missed exams, or cancelled exams, etc).

\_I agree to complete my exams within Testing Center's regular business hours.

\_I understand that I am expected to follow any special instructions provided by the instructor (e.g., open books, notes, calculator, etc).

\_\_I understand that any conflicts, discrepancies, or any suspected behavior related to the exam will be documented and a copy will be provided to the instructor.

Student Name	ID Number
Student Signature	Date
ODS Staff Signature	Date