Special Accommodations Exam

Instructor:	Course Name and Number:
Date Delivered:	Test Number:

Special Instructions: Range of Dates: / / to / /
Time limit on test: _____
Materials allowed: _____
_____
_____
_____

Accommodations Required: _____

Student's Name	Date Test Administered	Scantron or Test Copy #	Student's Signature	Instructor's Signature	Date of Pick-up
1					
2					
3					
4					
5					