DRC EXAM ACCOMMODATIONS FORM

Disability Resource Center
Health Services Building 4th floor, #400
Phone: 815-753-1303
Email: drc_exam@niu.edu
Fax: 815-753-9570

DRC STAFF USE ONLY:
Exam Date: __________________________
Exam Time: __________________________
Date Received & Initials: __________________________

COMPLETED FORM MUST BE RETURNED IN PERSON TO THE DRC OFFICE
BY STUDENT ONLY, NOT THE INSTRUCTOR

TO BE COMPLETED BY STUDENT: Must be filled out, signed by your instructor and submitted to the DRC office at least 3 business days prior to scheduled exams, except midterms/finals which must be submitted at least 5 business days before scheduled exams, i.e., Monday---\rightarrow Monday.

Note: Any change from published test date & time must be approved and emailed to the DRC by the instructor PRIOR TO SCHEDULING WITH THE DRC. Exam scheduling will conform as closely as possible to the student’s official class schedule and not at the student’s convenience.

COMPLETE ALL INFORMATION:

Student_________________________________ Instructor____________________________________
Phone #_________________________________ Course/Section____________________________________
ZID _____________________________________ Access Consultant______________________________

-------------------------------------------------------------------------------------------------------------------------

ACCOMMODATIONS (Verified by DRC staff/______)

Environment
___ Extended Time
____ 1.5_2.0_3.0
___ Low Distraction
___ Break
___ Other ____________

Alternative Format
Audio – Choose One:           Other:
___ Recorded Exam             ___ Braille
___ JAWS                     ___ Tactile drawings
___ Text Aloud               ___ Large Print
___ Live Reader             Size: ______
___ Live Scribe             ___ Interline
___ Scribe for scantron

Assistive Technology/Equipment
___ Flash Drive
___ Braille Writer
___ Computer
___ Calculator
___ CCTV

Per the DRC Accommodation Procedures Manual, if a student is more than 15 minutes late to a scheduled exam start time, he/she will need to contact the course instructor in order to reschedule the exam and a new EXAM ACCOMMODATIONS FORM will need to be completed.

I understand and will abide by the above procedures:

__________________________
Student’s signature

__________________________
DATE
TO BE COMPLETED BY INSTRUCTOR – COMPLETED FORMS MUST BE RETURNED BY
STUDENT NOT COURSE INSTRUCTOR so testing appointment can be scheduled.

Instructor (print) ____________________________

Instructor’s signature ____________________________

Office Location ____________________________

Contact # (In case of questions during exam) ____________________________

Instructor’s email: ____________________________

☐ I have received a copy of student’s Letter of Accommodation ________ (Instructor’s initials)

Exam Date ________ Approved Start Time ________ In-Class Test Duration ________

If student’s exam date/time overlaps another class time due to extension of time, course
instructor may provide written permission with alternate date/time:

Alternate date/time: ____________________________

Can student leave DRC office when exam is done? Yes ______ No ______

Scantron: Yes ☐ No ☐ Bluebook: Yes ☐ No ☐

Scratch Paper: Yes ☐ No ☐ Calculator: Yes ☐ No ☐

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: drc_exam@niu.edu ___Fax: 753-9570 to DRC
____ DRC to pick up from departments on scheduled day from: Building & Office # ________

Choose pick up day and either AM or PM**: Monday Wednesday Friday A.M. P.M.

**NOTE: Exams must be provided to DRC at least 48 working hours in advance of scheduled exam for preparation,
adaption and scheduling purposes, except midterms and finals which must be provided at least 5 working days in
advance of scheduled exams. Exams that are received with less than the required amount of time may be
rescheduled for the student to take the exam once the materials have been adapted, as needed.

POST-EXAM RETURN: DRC may require up to 48 business hours after student completes exam
before it is ready for delivery, pick up or mail. Please choose one:

____ DRC to deliver completed exam to departments on scheduled day (see attached).

____ Course instructor or department representative to pick up from DRC (marked as HOLD)
____ DRC is authorized by course instructor to return exam through Campus Mail Service (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 delivered. Received by: ____________________________ /Date: ________________

Exam picked up by: ____________________________ /Date: ________________