## **Virginia State University**

Students Accessibility Office PO Box 9030 Petersburg, Virginia 23806

Telephone: 804-524-5061 Fax: 804-524-5078

## **EXAM ACCOMMODATION FORM**

**Part 1: STUDENT:** Complete Part I and give it to the professor. You will also be expected to inform the Student Accessibility Office of your scheduled test time and date. Your contact options are as follows by phone, fax or stop by Memorial Hall, 1<sup>st</sup> floor. Both steps should be completed **no less than one week (5 business days), prior to the examination**.

Student:	Date:
Student's Telephone Number:	Student's Email:
Professor's Name:	Telephone Number:
Office Location:	Office Hours:
Course Name/Number:	
Date of Exam:	
Part II: Professor/Instructor (Please ch	ack all that apply below):
Instructions for Proctors:	
Closed Book Open Book Open Notes	Use of Scantron Use of Calculator (standard or scientific) Blue Book Response
Special Instructions:	
Professor Signature:	Date:
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THIS OFFICE DOES NOT ASK PROFESSOR/INSTRUCTOR TO MODIFY ESSENTIAL CORE REQUIREMENTS