

ACCOMMODATED EXAM SCHEDULE REQUEST

Name _____ Student ID # _____ Date _____

Term _____ Phone _____ Email _____

Division: Day Evening Year: 1st 2nd 3rd 4th

1. Are you taking exams by laptop? Y "N
2. If you plan on using a laptop, have you successfully registered for ExamSoft this semester? "Y "N
3. List below all exams that you plan to use your accommodations:

| Day | Date | Exam begin time | Exam end time | Exam/Class Name | Class Section # | Professor | Midterm or Final? | Do you have class immediately following this exam? |
|-------------------|------|-----------------|---------------|-----------------|-----------------|-----------|-------------------|--|
| M, T, W, TH, F, S | | | | | | | | |
| M, T, W, TH, F, S | | | | | | | | |
| M, T, W, TH, F, S | | | | | | | | |
| M, T, W, TH, F, S | | | | | | | | |
| M, T, W, TH, F, S | | | | | | | | |
| M, T, W, TH, F, S | | | | | | | | |

. RETURN TO PAT FITZPATRICK - Room 386 (3rd Floor) or Email: pfitzpatrick@law.capital.edu

FOR MID TERM EXAMS: Return 2 weeks prior to your first scheduled mid term

FOR FINAL EXAMS: Return 30 days prior to the 1st day of each final exam period