**SECTION I – To be completed by the Student first (please print)**

| Name: ____________________________________________________________________________________________ | Phone: ____________________________________________________________________________________________ |
| Instructor’s Name: ______________________________________________________________________________ | ________________________________________________________________________________________________ |
| Course: (Example: ENGL 101) ______________________________________________________________________ | ________________________________________________________________________________________________ |
| Date of Exam in DSS: ____________________________________________________________________________ | ________________________________________________________________________________________________ |
| Time of Exam in DSS: ____________________________________________________________________________ | ________________________________________________________________________________________________ |

**SECTION II – To be completed by the Professor**

Please initial materials allowed for the entire class.

<table>
<thead>
<tr>
<th>Open Book</th>
<th>Notes</th>
<th>Spell Checker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulas</td>
<td>Tables</td>
<td>Dictionary</td>
</tr>
<tr>
<td>Crib Sheet</td>
<td>Charts</td>
<td>Graphing Calculator</td>
</tr>
<tr>
<td>Size of Crib Sheet</td>
<td>Computer</td>
<td>Non-graphing Calculator</td>
</tr>
<tr>
<td># of Crib sheet pgs</td>
<td>Special Software (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

Special Instructions: __________________________________________________________________________

Date/Time Class is taking exam: __________________________

How much time is allowed in class for this exam? ______ hr. ______ min.

I approve the scheduled exam time (see Section I) ______ Yes ______ No

Exam Procurement - (check only one please)

I will deliver the exam to DSS (IRVC-115) prior to the set date and time. __________________________

I will email the exam to irvinedss@fullerton.edu ____________________________________________________________________________

Exam will be on TITANIUM/Online. __________ Password will be emailed to irvinedss@fullerton.edu ____________________________________________________________________________

Student may pick up the exam from ____________________________________________________________________________ (location).

(DSS recommends Professor send exam with student in a sealed envelope.)

Exam Return/Delivery – (check only one please)

I will pick up the exam in DSS (IRVC-115) myself. __________________________

DSS can return the test/exam to my Irvine Campus mailbox. __________________________

DSS can scan and return the test/exam via email. __________________________

DSS can return the test/exam to my department office. **I understand that the exam will be delivered between 48-72 hours after completion of the exam.**

Student may return the exam to ______ Online Student Submission; No Delivery Needed __________________________

Exam Returned by: ____________________________________________________________________________

Date and Time Returned: ______________________________________________________________________________

Full Name of Person Receiving Exam (PLEASE PRINT!) ____________________________________________________________________________

Signature of Professor: ____________________________________________________________________________ Date: ____________________________________________________________________________

**SECTION III – To be completed by Disability Support Services ONLY**

Date: ____________ Time: ____________

Please initial and date

Exam Form Received: ______

Exam Received: ______

Prof Del ______ Email ______

TITANIUM/Online ______ Student PU ______

Exam Sealed: ______

Method of Delivery ______

Professor PU ______ Irvine Campus Mailbox ______

Scan/Email ______ Dept Del (intercampus mail) ______

Student Return ______ No Delivery Needed ______

Inputted by/date: ____________________________________________________________________________

Exam Room: ______________________________________________________________________________

Start Time: ______________________________________________________________________________

End Time: ______________________________________________________________________________

Alternate Location and Extended Time

____ 1.5x ______ 2.0x ______ Other (please specify) ______

Private Room ______ When Available

Computer/Word Processor

______ K3000 ______ JAWS ______ Dragon

Use of: ______ Calculator ______ Spell Checker ______ Dictionary

Exam will need to be:

______ Scribed ______ Audio ______ Enlarged -> ______%

If Scribed, indicate ______ Scantron ______ Essay

Other (please specify):

Exam Returned by: ____________________________________________________________________________

Date: ____________________________________________________________________________________________

Full Name of Person Receiving Exam (PLEASE PRINT!) ____________________________________________________________________________