Assessment & Testing Services - Accommodated Exam Instructor Approval Form



STUDENTS

L. Complete your information in full.	2. Have instructor complete and sign their portion.

3. Email or hand deliver <u>one completed form for every requested exam</u> to <u>disability.exam@kpu.ca</u> <u>TWO WEEKS PRIOR TO EXAM DATE</u>. Unsigned forms will not be processed.

IWO WEEKS PRIOR TO EXAMIDATE. Unsigned forms will not be processed.								
STUDENT INFORMATION -	complete	e in full						
Last Name:			First Na	ime:				
Student Number:	Phone:		KPU en	KPU email address:				
Course Name: EG. ENGL 1100	Section N	Number: EG. S10						
Of the accommodations you ar	e registere	ed for, which ones will	you requ	ire for this pa	articular exam?			
Students with private room accommodations – during peak exam times we may need you to share a room with 1-3 other students. Will this work for you? YES NO								
INSTRUCTOR SECTION - cor	mploto in	· full						
Instructor Name:	iipiete iii	ı ruli	Department & Campus:					
Contact Phone: KPU email:		nil:		Can we reach you during the exam?				
BASIC EXAM ACCOMMODATIONS. NOTE: Student will receive REQUIRED accommodations as per their Disability Advisor.								
O CALCULATOR			1					
O COMPUTER WITH SPECIALIZED SOFTWARE****PLEASE			SPECIFY: O COMPUTER WITH EXCEL					
O OPEN BOOK/NOTES?***	PLEASE SF	PECIFY:						
ADDITIONAL COMMENTS:								
Instructor	rs - Pleas	e send the required	d exam	/additional	l materials by email			
Instructors - Please send the required exam/additional materials by email (disability.exam@kpu.ca)								
or deliver a hard copy, one week prior to exam date.								
Please indicate how you want exam returned to you?								
☐ Scanned & emailed (Note: we only keep original for 30 days, then shred)								
☐ Hold exam and I will pick up.								
Instructor: By signing this form, you are agreeing to the date, time, accommodations, and the method selected to return the exam to you.								
	ATE & TIME OF IN-CLASS EXAM: LENGTH OF EXAM: INSTRUCTOR SIGNATURE OF APPROVAL:							

Instructor: By signing this form, you are agreeing to the date, time, accommodations, and the method selected to return the exam to you.							
DATE & TIME OF IN-CLASS EXAM:	LENGTH OF EXAM:	INSTRUCTOR SIGNATURE OF APPROVAL:					
27112 G 11112 G1 111 G2/100 270 1111	ELITOTI OF EXAM.	MOTROCION SIGNATURE OF AFTROVAL.					
EXAM SCHEDULED FOR (office use):							