

REQUEST FOR EXTENDED TIME FORM (Revised)

STUDENTS:

This form must be completed by the student **prior** to the Professor Signature. Failure to do so may result in the denial of your request. You must notify your professor **at least 1 week in advance** of a test or exam. Our office must receive your request **at least 3 days** in advance of tests and **7 days** in advance of midterms or finals. This form serves as a **set** time for you to take your test or exam.

Return the completed form to the Office of Student Disability Services (BE, G10)

Student Name: _____ Email Address: _____

Course Title: _____ Professor's Name: _____

Date of Exam: _____ Time of Exam: _____

You may not take the test at any other time without approval of our office and your professor.

Date requested: _____ Time: _____ Reason: _____

Professor has: _____ Approved _____ Denied

PROFESSOR:

How will we receive the exam?

Professor will deliver _____ Professor will email to testing@sju.edu _____

How should the exam be returned?

Professor will pick up _____ We will deliver _____ Department _____

Back-up plan if unable to deliver to designated location: _____

Adjunct/Part-time Professors, please describe how you would like us to return the exam.

Bldg _____ Office # _____ Email Address _____

Best method for contacting the professor during the exam if questions arise:

Cell # _____ Email Address _____

Materials allowed in the testing room:

Special instructions:

Professor Signature: _____ **Date:** _____