

FGCU Office of Adaptive Services Test Schedule Form

Student Information

Complete this section and submit **COMPLETED** form to the Office of Adaptive Services within 4 days prior to the exam date. You will need your Instructor to complete the bottom portion.

Name: _____ Today's Date: _____

Phone Number: _____ FGCU Email: _____@[eagle.fgcu.edu](mailto:fgcu.edu)

Date of Exam: _____ Time of Exam: _____

Professor: _____ Class: _____

Accommodations needed: ___ Computer ___ Reader ___ Scribe
___ Scanning ___ On Tape

Instructor Information

All exam materials **MUST** be received in the Office of Adaptive Services at least 1 day before scheduled exam. Exam Materials may be faxed, hand delivered, or emailed to our office. Exams will be returned within 1 business day after scheduled exam. Please complete the following:

Return exam(s) to _____ Building, Room # _____

Contact phone #: _____ x _____

Exam Test Aids Permitted: ___ Calculator ___ Open Book ___ Notes
___ Formula Sheet ___ Other: _____

Professor Signature: _____ Date: _____

I authorize the above exam to be taken at a different date/time than the regularly scheduled exam.

OAS Use Only: ___ On calendar ___ Emailed Professor _____ OAS Initials