

REQUEST FOR SPECIAL ADMINISTRATION OF EXAMS ARKANSAS STATE UNIVERSITY - NEWPORT

ALL REQUESTS FOR SPECIAL ADMINISTRATION OF EXAMS SHOULD BE IN
STUDENT SERVICES TWO DAYS PRIOR TO THE EXAM DATE

*Indicates required fields

Student name*: _____

Student ID*: _____

Student phone: _____

Faculty Member name*: _____

Date & Time of Exam to be administered*: _____

Accommodations requested for the exam(s), (i.e.: extended time, reader, enlarged exams etc): _____

Other Comments: _____

Name of person submitting the request*: _____

Student _____ Faculty _____

Due to lack of support staff, exams may be administered during a time other than the regularly scheduled time. If this should occur, you will be notified before the exam is proctored. All attempts will be made to administer the exam on the scheduled date.

I agree with these arrangements*

NAME: _____