



UCC Accessibility Services

Testing Reservation Form

Exam Type: Regularly Scheduled Exam Web Make-Up Exam

Student Section: Reader Requested

Please turn in all testing reservations at least 5-7 days before your exam date

Name: _____ Phone Number: _____ Student ID# _____

Course Name and Number: _____ Exam Date and Time: _____

Faculty Information:

Name: _____ Phone Number: _____ E-mail: _____

Students May Utilize the Following:

Notes Homework Textbook Other (specify) _____
 Calculator Note Cards Scratch Paper _____

Exam Delivery By:

Instructor Student Intercampus Mail E-mail

Exam Return By:

Instructor Pick-up Student-Sealed Envelope Intercampus Mail- Sealed Envelope

UCC Instructor Signature: _____ Date: _____

UCC Student Signature: _____ Date: _____

For AS Office Use Only

Scheduled Test Date: _____ Scheduled Test Time: _____ Test Location: _____

Attached E-mail Confirmation: Student Instructor

Date E-mailed: _____ Initials: _____ Reader _____