Late Exam Sign Up Request Form

UNIVERSITY of DENVER
CAMPUS LIFE & INCLUSIVE EXCELLENCE
Disability Services Program

Disability Services Program | 303-871-3241 | dsp@du.edu

Testing Center Policies/Procedures: www.du.edu/dsp, Click on **Testing Center tab** and expand **Late Sign-Up Process** section

Student Information
Student to fill out this section. Please print clearly.

Student Name: _____ _____
            First   *Last*

DU ID #: 8 7 ___ ___ ___ ___ ___ ___ ___

Reason for late sign up:

- ☐ Missed the sign up deadline
- ☐ Requesting to take a make-up exam due to missing the day of an exam in the classroom
      ☐ Disability related reason   ☐ Non-disability related reason
      (Note: Refer to Make-Up Exam Request section on website)
- ☐ Other: _____

Course Info: _____ _____
             Subject & # (e.g. MATH 1200)   **Section** (e.g. 01)

Date you're requesting to take exam: _____

Time you're requesting to **begin** the exam: _____

Approved accommodations needed for exam:_____
_____

If you are requesting to *schedule the exam on a different day or at a different start time than the rest of the class*, check off the reason below:
- ☐ Test time overlaps with a class or another exam
- ☐ Make-up exam request
- ☐ Other:_____

Student Signature: _____ **Date:** _____

Process and Next Steps for Students and Faculty:

1. Student completes this form, reads the Testing Center Policies & Procedures, signs the form, and provides form to their instructor for review.
2. Student returns form with **both student and instructor signatures** to Ruffatto Hall room #440 or scans/emails to DSP@DU.EDU.
3. If the late request is approved, DSP will email the student and instructor a confirmation at their DU.EDU email addresses.
4. If the student/instructor **does not receive an email confirmation**, the student must plan on taking the exam as scheduled in the classroom or make alternate arrangements with the instructor.

DSP will make every effort to schedule your exam; however, it is not guaranteed.

Instructor Information
Instructor to fill out this section. Please print clearly.

Instructor Name: _____ _____
            First   *Last*

Date the ***class*** is scheduled to take the exam: _____

Time the ***class*** is scheduled to begin the exam: _____

How long does the class receive to take the exam? _____
                                              (e.g. 110 minutes)

☐ **By signing this form I acknowledge I am adhering to my *course policy* for non-disability related make-up exams, and/or students requesting to start their exam at a different time than the rest of the class when no time conflict with another exam or class, and/or I am able to upload the exam file and testing instructions to ClockWork prior to the requested test time.**

Instructor Signature: _____ **Date:** _____

DSP Staff Initials:_____ **Date/Time Reviewed Form:**_____ ☐ **Approved for (date/start time):**_____ **Week #:** _____

☐ **Not approved (Reason:**_____**)** ☐ **Added Session Note in CW**