GRAND VALLEY STATE UNIVERSITY
STUDENT ACCESSIBILITY RESOURCES

Office Staff Member: Date:

LATE EXAM REQUEST FORM

Completed forms must be submitted 48 hours prior to the exam start time. After 2 uses of this form, you must meet with your access advisor before using this form a 3rd time.

ATTN OFFICE STAFF: Please contact the testing Coordinator regarding availability. If the availability for the requested date is open, fill in the top of the form and then sign above.

SECTION I: STUDENT INSTRUCTIONS: Please complete Section I. Contact your instructor and have them complete Section II and return to Student Accessibility Resources as soon as possible.

Student Name: G#:
Student Email: Phone:
Professor Name: Course:

Test Date:
Time of class:
Start Time (circle closest time to class time): 3:00 PM

Accommodations: Note it is not guaranteed a reader and/or scribe can be provided on late exam requests.
☐ Extended Time ☐ Scribe ☐ Reader ☐ Word Processor ☐ Specialized Software (Please list the name of the program/software needed and the applicable version number if any:)
☐ Enlarged Print (Please provide preferred font size): ☐ Other (please specify):

SECTION II: PROFESSOR INSTRUCTIONS: Please fill the portion below. You can return the form via email to accesstest@gvsu.edu or physically by student to **215 CON** in the **Blue Connection building.**
Professor email: Professor phone:
☐ I can be contacted to clarify questions.

The exam will be delivered via:
☐ Professor or representative to 215 CON (The Blue Connection)
☐ Emailed to accesstest@gvsu.edu
☐ Exam will be administered via Blackboard (If access code/password is needed, please email accesstest@gvsu.edu

I would like the exam returned to me via:
☐ Runner to professor to room#: (e.g., PAD 100) ***Note Signature is required.**
☐ By student in sealed envelope to room#: (e.g., PAD 100)
☐ Picked up by professor or representative at 215 CON (The Blue Connection) ***Note must show ID & sign.**
☐ Exam will be submitted via Blackboard

APPROVED RESOURCES: Please check all that apply.
☐ Calculator ☐ Open Book ☐ Open Notes ☐ Math Formulas ☐ Charts/Graphs/Tables ☐ Scantron
☐ Other (Please Specify):
Does this exam require any software? ☐ YES ☐ NO
If yes, please list software and version number:

How much time are you allowing the class to take the exam/quiz: (in minutes)
Professors signature: Date:

For Staff Use:
Date Form Received: Signature of Staff: