



# EXAM ACCOMMODATION FORM

College of Coastal Georgia  
Office of Disability Services – Brunswick Campus

## To be completed by the student:

Student Name: \_\_\_\_\_

Course Name: \_\_\_\_\_ Instructor: \_\_\_\_\_

### Policies:

1. ***The student must return this completed form*** to the Office of Disability Services at least **48 hours** before the testing date.
2. The Office of Disability Services is available to proctor tests from 8:00 am – 5:00 pm Monday- Friday.
3. Submitting an Exam Accommodation Form does not guarantee testing accommodations with our office. Testing accommodations are on a first-come, first-serve basis.

## To be completed by the Instructor:

1. The student needs to take this test on this date: \_\_\_\_\_ starting at this time: \_\_\_\_\_
2. How much time is the class being given to take this test? \_\_\_\_\_
3. Does this test include an essay (circle one)?                      YES                      NO
4. Please list any additional instructions for this test, including any class related materials which the student may use:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will the test be received?

\_\_\_\_\_ Instructor will hand deliver test to Office of Disability Services (*please do not send in campus mail*)

\_\_\_\_\_ Instructor will e-mail the test to **jzak@ccga.edu**

6. How will the test be returned?

\_\_\_\_\_ Instructor will pick up the test from the Office of Disability Services

\_\_\_\_\_ Test proctor will return the test to the instructor's division mailbox

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Test Started: \_\_\_\_\_  
ODS Staff Initials: \_\_\_\_\_ Test Completed: \_\_\_\_\_

Please contact Jennifer Zak, 279-5806 with further questions.