**Disability Center Exam Administration Details Form –** *Exams Staff will manually enter in the information provided below on your behalf once completed.*

1. **Professor/TA email and/or phone number \*** 
2. **How would you like the students to schedule their exam times in the event there is a time conflict such as, exam/class time overlap or due to their accommodation? For example, your exam is scheduled for 8:00AM but the student has requested an alternate date/time. Which of the following choices below will you allow? Select all that apply.**

[ ]  Student must take my exam on the same date and at the same time as the class scheduled exam.

[ ]  The student may start my exam before the class scheduled time, but on the same day.

[ ]  The student may start my exam after the class scheduled time, but on the same day.

[ ]  The student may take the exam on the day before the class scheduled exam.

[ ]  The student may take the exam on the day after the class scheduled exam.

[ ]  The student may take the exam up to 48 hours before or after the class scheduled exam.

[ ]  Other (Please Specify Below)

 Additional Note or Comment:

 

1. **What is your exam makeup policy, should a student need to reschedule due to an unforeseen circumstance (illness, car accident, etc.)?**

[ ]  The student can work out a new date/time with me and I will proctor the exam.

[ ]  The student can schedule the makeup exam with your office. \*We will require your approval for the date/time as well as advanced notice for scheduling purposes.

[ ]  No make up exam will need to be scheduled.

[ ]  Other (Please Specify Below)

 Additional Note or Comment:

 

1. **Will the exams require online or computer administration? If yes, please indicate which below. (e.g. Canvas, Lockdown Browser, SPSS, etc.) If password is required, please provide below or send to****mudcexams@missouri.edu****. \*Important: We will not be able to provide laptops/computers to students.**

[ ]  Yes

[ ]  No

[ ]  Other (Please Specify Below)

Additional Note or Comment:



1. **Are there any items allowed during the exam? Choose all that apply below. If none are specified, none will be allowed.**

[ ]  Audio (provided to the Disability Center via USB, DVD, CD; indicate source and timing specifications below)

[ ]  Book(s) (Specify Below)

[ ]  Calculator – please specify the type of calculator in the box below.

[ ]  Notes (Specify Below)

[ ]  Scantron

[ ]  Other (Specify Below)

Additional Note or Comment:



1. **How would you like for us to handle requests for bathroom breaks during exams?**

[ ]  Students are allowed to take multiple bathroom breaks during their exam.

[ ]  Students are allowed to take ONE break during their exam.

[ ]  I do not allow students to take bathroom breaks without an accommodation approved by the Disability Center.

[ ]  Other (Specify Below)

Additional Note or Comment:



1. **How would you like us to contact you should a student or our staff need clarification during the exam?**

[ ]  Have the proctor call/text the Professor/TA at the phone number listed below. Note: Proctor will contact using their personal phone.

[ ]  Have the proctor email the professor.

[ ]  Have the student answer to the best of their ability noting their question on the exam and have them contact the instructor after the exam.

[ ]  Other (Specify Below)

Additional Note or Comment:



1. **Please indicate below how will you be sending exams/passcodes to the Exams Office?**

[ ]  Email to the Disability Center (mudcexams@missouri.edu)

[ ]  Upload to the Instructor Portal

[ ]  Hand delivering to the Exams Office

Additional Note or Comment:



1. **Please choose which method you prefer for us to return your exams once the student has completed.**

[ ]  Exams staff will scan and email back to instructor

[ ]  Upload back into the Instructor Portal

[ ]  Pick-up from the Exams Office

Additional Note or Comment:



1. **Please list all exams dates, start times, AND amount of time allotted for the class. If you do not have a finalized list of exam dates and/or final exam dates, please be sure to update this form once those dates are determined. If there are no dates/times listed, all student’s exam requests will be denied until we are provided with the information.**



**Please list REGULAR CLASS EXAM LENGTH without extended time accommodations below:**

1. **Exam  Minutes**
2. **Final  Minutes**
3. **Quiz  Minutes**
4. **Makeup  Minutes**