**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**](mailto: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](mailto: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**