

STUDENT SECTION

Full Name: _____ MSM ID #: _____ Phone#: _____
Professor's Full Name: _____ Subject/Course#: _____
Requests (check all that apply): Alternate Testing Site Extra Time Computer/ Laptop

PROFESSOR SECTION

- Exam Date: _____ Exam Start Time: _____ Exam End Time: _____

- **PLEASE INDICATE YOUR NEEDS:**
 - You need Disability Services to reserve an alternate testing site and supply a proctor
 - You only need Disability Services to supply a proctor
 - You only need Disability Services to reserve an alternate testing site
 - Other: _____

- **EXAM PICK UP INSTRUCTIONS FOR DISABILITY SERVICES (CHOOSE ONE):**
 - I will email exam to Crystal Wilson- cwilson@msmnyc.edu
By time and date: _____
 - I will deliver the exam to Crystal's office- room 120.
 - Crystal will pick up the exam from my office:
Preferred time and date of pick up: _____ Room #: _____

- **EXAM RETURN INSTRUCTIONS FOR DISABILITY SERVICES (CHOOSE ONE):**
 - I will pick up the exam from Crystal's office- Room 120
 - Crystal or proctor will return the exam to:
 - Mail room (faculty folder)
 - OR
 - Room # _____; Date: _____; Time: _____

- **EXAM FORMAT (check all that apply):**
 - Short answer/Multiple choice Essay
 - Listening section Other: _____

- **Additional instructions (regarding listening section, materials, etc.):** _____

