

Alternate Exam Date and Time Form

Instructor Name:

Students receiving testing accommodations often find it necessary due to their disability to take exams at times separate from the in-class exam time. Before our office will schedule exams at an “alternate testing time” we require confirmation from instructors that the proposed time is mutually agreed upon by student and instructor.

Student Name:

Course:

Data of in-class Exam:

Alternate Date Requested:

Alternate Time Requested:

By signing, you acknowledge you have read and understand the information above and agree that the student may take the exam at the alternate time and/or date listed above. You also agree to provide the exam to CDAR Testing Services in a timely manner for the student to take the exam at the date/time listed above.

Instructor signature: _____

*An email to cdar-testing@uidaho.edu from the instructor confirming this information will be sufficient and act as equivalent to signing this form.