Confidential

Please send exam **along with this form** to:

Disability Resource Center

143 Memorial Hall or

Email to – Disability@wiu.edu or

Fax to – 298-2361

DRC Exam Fact Sheet

Instructor's name: _____

Name and number of course: _____

Date of in-class exam: _____

Length of time given for in-class exam to be completed: _____

Name of Student(s) taking exam at DRC: _____

Students taking this exam in-class will be allowed to use the following during the exam (Check all that apply):

☐ Open Book ☐ Notes ☐ Calculator ☐ Formula Sheet

☐ Periodic Chart ☐ Computer ☐ Blue Scantron ☐ Green Scantron

Other materials or special instructions (please specify): _____

How can DRC reach you during the exam for questions or clarification? _____

_____

_____

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