Classroom Exam Instruction Form

The Disability Resource Center and the Testing Center are committed to providing qualified students with disabilities an accessible testing environment. ODOS policies and procedures ensure the integrity and security of classroom exams proctored by the Testing Center.

Instructors or their designees are responsible for submitting materials to the Testing Center either in person or electronically (odostc@purdue.edu). A completed copy of this form must accompany every exam. This form is available at our website at www.purdue.edu/odos/testingcenter. The exam and form must be received in the Testing Center twenty-four hours prior to the student’s appointment time. If the student needs a Braille exam, the exam and form must be received in the Testing Center four working days prior to the appointment date. Instructors or their designees may pick up completed exams or have them returned via campus mail; however, the Testing Center is not responsible for damage or loss if exams are returned via campus mail. Students are not permitted to transport exams to or from the Testing Center.

The Testing Center, located in Schleman Hall, room B-42, is open Monday through Friday from 8 a.m. to 5 p.m. Students are scheduled on a first-come, first-served basis. Questions should be directed to Testing Center staff at 4-1146 or by email at (odostc@purdue.edu).

Student ____________________________ Instructor ____________________________
Course ____________________________ Required time (calculate using the following formula)
Agreed date/time of exam ____________________________ X ____________________________ = ____________________________

Please attach a scantron to the exam ❑ No ❑ Yes 

Items allowed
Calculator ❑ No ❑ Yes ❑ graphing ❑ non-graphing
Crib sheet ❑ No ❑ Yes Describe ____________________________
Tables/Graphs (Please attach to exam) ❑ No ❑ Yes
Other (Please specify) ____________________________

Whom may the student call if questions arise during the exam?
Name ____________________________ Phone number ____________________________

Completed exam to be: ❑ Picked up ❑ Returned via campus mail

If returned by campus mail, please indicate campus mail address (dept/bldg) ____________________________

Form completed by ____________________________ Date ____________________________

ODOS Office Use Only

Exam delivered by ____________________________ Date ____________________________ Time ____________________________

Exam received by ____________________________ Date ____________________________ Time ____________________________

Exam administered by ____________________________ Date ____________________________ Time ____________________________

Exam returned by ____________________________ Date ____________________________ Time ____________________________

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