

REQUEST TO SCHEDULE AN EXAM WITH FIT-ABLE

Room A570 - Phone: 212-217-4090 Fax: 212-217-4091

PART 1: TO BE COMPLETED BY STUDENT – No test can be administered without Part 3 of this form signed by the instructor and returned by the student to FIT-ABLE.

IMPORTANT: This exam form must be received in the FIT-ABLE Office at least **THREE BUSINESS DAYS** prior to the exam date. Today's Date: _____

Student Name: _____ Cell Phone: _____

Exam Date/Day: _____ Course/Section #: _____

Start Time: _____ End Time: _____ (include extended time)

Is the exam Day/Time different than the class time? Yes No (if yes please check the box in **PART 2**)

Instructor Name: _____ Class Location: _____

Accommodations: Extended time Distraction reduced room Calculator Computer

Reader Scribe Enlarged Text (Font Size _____) Other _____

PART 2: REQUEST FOR ALTERNATIVE DAY/TIME - Exams are scheduled to coincide with the class test time, if possible. However, this student has requested an alternate testing Day/Time (see above schedule). Please indicate if the request for alternate Day/Time is approved.

YES _____ (Instructor initials)

NO _____ (Instructor initials)

PART 3: TO BE COMPLETED BY INSTRUCTOR – Please return this signed form to the student at least **THREE BUSINESS DAYS** prior to the exam date for scheduling. If the box in **PART 2** is checked then the student has requested an alternative Day/Time to take the test – PLEASE REVIEW.

Exam Delivery: Instructor will deliver to A570 Student will pick up in a sealed envelope and deliver
 Instructor will fax to 212-217-4091 Instructor will email to fitable@fitnyc.edu

DO NOT SEND EXAMS THROUGH INTER-OFFICE MAIL

Exam Return: Instructor will pick up from A570 FIT-ABLE to return to instructor's department mail box

Length of time class will receive for the exam: _____

Special Instructions (i.e. open book, open notes, internet access etc.) _____

Instructor's Signature: _____ Date: _____