

EXAM BOOKING FORM

FOR STUDENTS WITH ACADEMIC ACCOMMODATIONS

THIS PORTION IS TO BE FILLED OUT BY STUDENTS BEFORE SUBMITTING TO THE INSTRUCTOR	
EXAM LOCATION: SILVER KING CAMPUS TENTH STREET CAMPUS VICTORIA STREET CAMPUS	
Student's Name:	Student Number:
Student Email:	Course Number:
Course Name:	Course Section:
Exam Day and Date for Class:	
THIS PORTION IS TO BE COMPLETED BY INSTRUCTORS	
Instructor Name:	Date Requested by Student:
Class Start Time for Exam:	Exam Duration for Class:
SELECT OPTION: QUIZ TEST MIDTERM FINAL OTHER (SPECIFY)	
EXAM FORMAT: PAPER MOODLE LAUNCHPAD ONLINE OTHER (SPECIFY)	
YES NO N/A Open Textbook	YES NO N/A Computer required Image: Computer required Image: Computer required
Notes (specify)	Maps
Formula Sheet or Index Card	Ruler
Calculator	None of the options listed
Other (specify)	
Instructor, please indicate any specifications (if needed) regarding the allowances checked off (eg. size of index card allowed etc.) and/or any other special instructions or requirements:	