

## **Exam Accommodation Agreement**

By signing below, I understand that if I cho agree to the following;	ose to take my exams at the Testing Center, I m
I must give my instructor my Accommod accommodation needs during the first few exams at the Testing Center.	lation Letters and discuss with them my days of the quarter or as soon (s)-1 ( s)-10a.Mc
To schedule an exam, I mubthit theest Pr later than three (3) business day before th	9
It is my responsibility to communicate w all necessary information, completed forms	ith my instructor to make sure that Testing Cen- , etc., before the day of the my exam.
· • • • • • • • • • • • • • • • • • • •	or my exams. I understand that Testing Center values late. I understand that I will need to get ci <b>diff(如句</b> arrival, missed exams, or cancelled
I agree to complete my exams within Tes	sting Center's regular business hours.
I understand that I am expected to follow (e.g., open books, notes, calculator, etc).	v any special instructions provided by the instru
I understand that any conflicts, discrepartions will be documented and a copy will be prov	ncies, or any suspected behavior related to the eided to the instructor.
Student Name	ID Number
Student Signature	Date
ODS Staff Signature	Date