

ACCOMMODATED EXAM SCHEDULE REQUEST

Name _____ Student ID # _____ Date _____

Term _____ Phone _____ Email _____

Division: Day Evening Year: 1st 2nd 3rd 4th

1. Are you taking exams by laptop? Y "N
2. If you plan on using a laptop, have you successfully registered for ExamSoft this semester? "Y "N
3. List below all exams that you plan to use your accommodations:

Day	Date	Exam begin time	Exam end time	Exam/Class Name	Class Section #	Professor	Midterm or Final?	Do you have class immediately following this exam?
M, T, W, TH, F, S								
M, T, W, TH, F, S								
M, T, W, TH, F, S								
M, T, W, TH, F, S								
M, T, W, TH, F, S								
M, T, W, TH, F, S								

. SUBMIT FORM VIA EMAIL TO STUDENTAFFAIRS@LAW.CAPITAL.EDU

FOR MID TERM EXAMS: Return 2 weeks prior to your first scheduled mid term

FOR FINAL EXAMS: Return 30 days prior to the 1st day of each final exam period