

EXAM SCHEDULING FORM – Please print clearly

**IMPORTANT – This form is due to the Testing Center 3 school days before each exam.
Please return completed forms to the drop box or via email - dstest@seattlecolleges.edu**

Student Name: _____ Today's Date: _____

SID # _____ Phone Number (_____) _____

Email address: _____

Course (BIOL101): _____ Instructor: _____

What **date and time** is the class taking this exam? Date: _____ Time: _____ AM PM

For this exam, **how much time** does the instructor allow the rest of the class? _____ Minutes

On the same day as the class, when are you available to take the exam?

(Exceptions must be approved in advance by the instructor)

Exam Date: _____ Time: _____ AM PM (circle one)

Monday Tuesday Wednesday Thursday Friday

If part of your accommodations, will you need: Scribe Use of computer

FOR DS USE ONLY

Date Scheduled: _____

Initials: _____

Accommodations:

1.5x 2.0x Sc PR SR

Cmp Other: