

**Instructor Exam Instruction Form**  
**(GIVE TO YOUR INSTRUCTOR)**

**Instructor:** Please attach this form to the exam when delivered to the ODS or my box:

Student Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Day/Time of Class: \_\_\_\_\_ Day/Time of Exam: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Instructor Contact Info: \_\_\_\_\_

Exam must be completed by (Day & Time): \_\_\_\_\_

**Materials Allowed:**

- \_\_\_\_\_ Calculator
- \_\_\_\_\_ Paper
- \_\_\_\_\_ Books (Please list specifically)
- \_\_\_\_\_ Notes
- \_\_\_\_\_ Other \_\_\_\_\_

**Instructor Notes/Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exam Return Instructions:**

- \_\_\_\_\_ Return in campus mail
- \_\_\_\_\_ Instructor will pick up exam
- \_\_\_\_\_ Hand deliver to instructor

\_\_\_\_\_  
***Instructor's Signature***

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**Instructor Notes/Comments**

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***Instructor's Signature***

Office of Disability Services (ODS)  
Jodie Dupre' Room 130 337.521.8907  
[jdupre@southlouisiana.edu](mailto:jdupre@southlouisiana.edu)

## **Goes to Ms. Dupre'**

**Student: This form must be turned in at least 3 days prior to exam date.**

Student Name: \_\_\_\_\_ Student Contact Info: \_\_\_\_\_

Day/Time of Class: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Day/Time of the exam: \_\_\_\_\_

Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Extended Time                          | <input type="checkbox"/> Distraction Free                       |
| <input type="checkbox"/> Exam may need to be read orally        | <input type="checkbox"/> Exam will need to be written (scribed) |
| <input type="checkbox"/> CCTV needed                            | <input type="checkbox"/> Zoom Text needed                       |
| <input type="checkbox"/> Exam will need to be typed on computer |   |

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Student Name: \_\_\_\_\_ Student Contact Info: \_\_\_\_\_

Day/Time of Class: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Day/Time of the exam: \_\_\_\_\_

Please check all that apply:

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