



UCC Accessibility Services

Testing Reservation Form

Exam Type: Regularly Scheduled Exam Web Make-Up Exam



Student Section:

Please turn in all testing room reservations at least 5-7 days before your exam date

Name: _____ Phone Number: _____ Student ID#: _____

Course Name and Number: _____ Exam Time and Date: _____



Faculty Information:

Name: _____ Phone Number: _____ Email: _____

Student May Utilize the Following:

- Notes Homework Textbook Other (Specify)
- Calculator Note Cards Scratch Paper _____

Exam Delivery By:

- Instructor Student Intercampus Mail Email (Danielle.Haskett@umpqua.edu)

Exam Return By:

- Instructor Pick-up Student- Sealed Envelope Intercampus Mail- Sealed Envelope

UCC Instructor Signature *Date* *UCC Student Signature* *Date*

For Office Use Only

Scheduled Test Date: _____ Scheduled Test Time: _____ Testing Location: _____

Attached Email Confirmation: Student Instructor Date Emailed: _____ Initials: _____

