# Exam Administration Form

## Section 1: Student Information – STUDENT COMPLETES

Student Name __________________________ PeopleSoft # ___________________ Cell Phone ______________________

## Section 2: Course and Instructor Information – STUDENT COMPLETES

Course ____________________ Section _______ Instructor Name ____________________

Instructor Phone #________________________________ Instructor Email __________________________ Office ________

Please provide the phone # or email we can contact the instructor at during the exam: __________________________

## Section 3: Exam Information – STUDENT COMPLETES WITH INSTRUCTOR

Type of Exam: □ Quiz □ Exam □ Midterm □ Final □ Other __________________

*All exams are to be taken during the scheduled time of the course unless an alternate time is approved by instructor*

*The CSD is available to administer exams M-F between 8 am – 5 pm.*

Date of Exam in Class: ___________________ Time of Exam in Class: ___________________ Time allocated for exam in class: ________

Date of Exam at CSD: ___________________ Time of Exam at CSD: ___________________

Alternate time approved by instructor: □ N/A □ No □ Yes  Instructor Initials ________________

Materials Allowed: (check all that apply) Instructor Initials ________________

□ No materials allowed  □ Open Book □ Open Notes □ Scrap Paper

□ Calculator: Type___________________ Check for pre-programmed data? □ Yes □ No

□ Note Cards: Type/extent of use ______________________

□ Formula sheet: Type/extent of use ______________________

□ Other ______________________

## Section 4: Exam Delivery and Return Information – INSTRUCTOR COMPLETES

*The CSD staff cannot pick up or deliver exams, nor will exams be returned via campus mail*

How will you deliver the exam? 

□ E-mail to csdexams@uconn.edu

□ Instructor/TA will deliver to CSD

□ Student will deliver in sealed envelope

How would you like the exam to be returned? 

□ CSD e-mails to __________________________

□ Instructor/TA will pick up from CSD

□ Student will deliver in sealed envelope to ________________

## Section 5: Signature Verification – STUDENT AND INSTRUCTOR COMPLETE

Student Signature __________________________ Date ________ / ________ / ________

Instructor Signature __________________________ Date ________ / ________ / ________

**RETURN THIS COMPLETED FORM TO THE CSD NO LATER THAN THREE BUSINESS DAYS IN ADVANCE OF THE EXAM**
Section 6: Form and Exam Received (CSD USE ONLY)

Exam Administration Form received on: __________/________/________ Form Received by ________________ (CSD Initials)

Exam Received on: __________/________/________ Exam Returned/Picked Up on: __________/________/________

Exam Received by ________________ (CSD Initials) Returned/Picked up by __________ (Instructor/TA Initials; CSD Initials) if e-mailed

Security Bag # (if applicable) ________________

Section 7: Accommodation Information (CSD USE ONLY)

☐ Extended Time – 2X ☐ Reduced Distraction Environment ☐ Private Room ☐ Breaks During Testing

☐ Calculator ☐ Computer ☐ Large Print/Braille ☐ Reader/Scribe

☐ Other __________________ Accommodations verified by ________________ (CSD Initials)

Section 8: Student Completes Before Exam Begins (CSD USE ONLY)

I acknowledge that I have used the restroom (if needed) before the exam, have removed jackets/baggy clothing and hats and have ensured that all personal items (including phones and other electronics are silenced and put away, __________ (Initials)

*Time allocated for exam at CSD Testing Room ________________

Time Began ________________ CSD Initials __________ Time Ended ________________ CSD Initials __________

Student excused from room: Time out __________ Time returned __________ Reason ______________________________________

Section 9: Student Completes After Exam Ends (CSD USE ONLY)

According to the University’s Responsibilities of Community Life: The Student Code, academic misconduct is dishonest or unethical academic behavior that includes, but is not limited to, misrepresenting mastery in an academic area (e.g., cheating), failing to properly credit information, research, or ideas to their rightful originators or representing such information, research, or ideas as your own (e.g., plagiarism). I acknowledge that this exam was taken in accordance with the Student Code at the Center for Students with Disabilities with my approved accommodations. The accommodations were appropriate and testing conditions satisfactory. Any unsatisfactory conditions should be indicated below.

SIGNATURE _______________________________ Date __________/________/________

Notes/Comments: (Please date and initial)

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CSD Use Only – Exam Analysis