



ARC TESTING CENTER  
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Office Hours: Mon-Fri: 9am-5pm

## EXAM REQUEST FORM

### Part 1: TO BE COMPLETED BY STUDENT

Student's Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Instructor: \_\_\_\_\_ Course/Section: \_\_\_\_\_

Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Exam: \_\_\_\_\_ Email of Instructor \_\_\_\_\_

Course Type:  In Person  Online

*I agree to uphold the integrity of the examination and follow the procedures for testing accommodations as outlined in the ARC Testing Accommodations Agreement.*

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

I agree to have ARC coordinate examination accommodations for this student on the date and time listed above. I understand exams will be submitted on time to ARC and will be returned to my department mailbox in a sealed envelope unless otherwise instructed.

### Part 2: TO BE COMPLETED BY ARC

For this exam, **all students** are allowed to use the following:

**Actual date of exam** \_\_\_\_\_ **Actual amount of time class receives for exam:** \_\_\_\_ Hour(s) \_\_\_\_ minutes

If the exam time conflicts with the student's schedule, please indicate an alternative date and time \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

Textbook:	Yes _____ No _____	_____ Quiz	_____ Make-up Exam
Dictionary:	Yes _____ No _____	_____ Regular	
Class notes:	Yes _____ No _____	_____ Midterm	
Calculator:	Yes _____ No _____	_____ Final	

Please confirm how the student's exam will be delivered to ARC:

Exam will be dropped off in D101-L

Exam will be emailed to [testingcenter@hostos.cuny.edu](mailto:testingcenter@hostos.cuny.edu)

**Confirmed with Instructor**

### Approved Accommodations

Extended Time (  50% Half Time or  100% double Time)  Reader  Scribe  Computer  CCTV

Spell-check device  Exam Enlarged  Calculator  Other: \_\_\_\_\_

**Comments:** \_\_\_\_\_

Date Exam administered \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Date/Time Exam returned: \_\_\_\_\_/\_\_\_\_\_

Name of department staff person receiving exam \_\_\_\_\_ Signature \_\_\_\_\_