



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

## **EXAM REQUEST FORM**

### **Part 1: TO BE COMPLETED BY STUDENT**

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

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

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

### **Part 2: TO BE COMPLETED BY INSTRUCTOR**

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.

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

For this exam, I am allowing **all students** to use the following:

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:**

- ☐ Exam will be delivered to Testing Center (B-207)  
☐ Exam will be delivered to ARC Office (D101L)  
☐ Exam will be emailed to [TestingCenter@hostos.cuny.edu](mailto:TestingCenter@hostos.cuny.edu)

\_\_\_\_\_  
Name of Instructor Signature of Instructor Date

### **PART 3: TO BE COMPLETED BY ARC**

☐ Extended Time ☐ Reader ☐ Scribe ☐ Computer ☐ CCTV ☐ Spell-check device ☐ Exam Enlarged ☐ Calculator  
☐ Other: \_\_\_\_\_

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

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

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

☐ Scanned & Emailed ☐ Delivered In Person

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