

Exam Services
 Classroom East 110
 Phone: 825-2259
 Fax: 825-2536

Exam/Quiz Schedule/Change

| |
|---------------------------|
| FOR OFFICE USE ONLY |
| Received by: _____ |
| Date Received: _____ |
| Cards Scheduled by: _____ |

Instructions

for both the student and the professor

are on the back of this sheet

Semester: _____ Exam/Quiz Schedule

Student's Name: _____ Student's Phone: _____

Course & Section Number: _____ Day(s) & Time: _____ Location: _____

Professor: _____ Phone #: _____ Office: _____

| Circle Exam or Quiz Please | Exam/Quiz Date (Student to fill in) | Exam/Quiz Time (Student to fill in) | Time Allotted in Class for Exam/Quiz (Professor to fill in) | Alternate Date (Student to fill in - if necessary) | Alternate Time (Student to fill in - if necessary) |
|----------------------------|-------------------------------------|-------------------------------------|---|--|--|
| Exam Quiz | | | _____ hrs _____ min | | |
| Exam Quiz | | | _____ hrs _____ min | | |
| Exam Quiz | | | _____ hrs _____ min | | |
| Exam Quiz | | | _____ hrs _____ min | | |
| Exam Quiz | | | _____ hrs _____ min | | |
| Exam Quiz | | | _____ hrs _____ min | | |
| FINAL EXAM | | | _____ hrs _____ min | | |

► Professor, Please review the exam/quiz schedule above, fill in the "Time Allotted in Class" column (PLEASE ONLY PUT THE TIME THE GENERAL CLASS WILL BE ALLOWED – SSD WILL CALCULATE ANY EXTENDED TIME). Also, please check the approved means of exam/quiz delivery and return below and sign. – Thank you!

Test/Final Exam Deliver To Exam Services:

- ____ Student in a sealed & signed envelope
- ____ Fax to DS (825-2536)
- ____ Email to *Exam.Services@tamucc.edu*
- ____ Professor/Dept delivers
- ____ Pick-up at: _____

Test/Final Exam Return To Professor:

- ____ Student in a sealed & signed envelope
- ____ Fax to Dept _____ (fax #)
- ____ Professor/Dept picks up
- ____ Deliver to: _____
- (Exam Services will not use campus mail)

I have reviewed this form and agree with this schedule.

 Professor's Signature

 Date

Exam Services
Classroom East 110
Phone: 825-2259
Fax: 825-2536

Exam Services: 825-2259
Classroom East – 110

Disability Services Office: 825-5816
Driftwood – 101

Fax: 825-2536

Exam Services Hours:

Monday: 8:00 am – 5:00 pm*

Tuesday: 8:00 am – 5:00 pm*

Wednesday: 8:00 am – 5:00 pm*

Thursday: 8:00 am – 5:00 pm*

* open until 7:00 pm only if exams are scheduled

Friday: 8:00 am – 3:00 pm

FOR THE STUDENT

- ☺ Please print legibly.
- ☺ Fill out the top section **completely**.
- ☺ Fill in the date and time for all exams/quizzes you plan to take with Exam Services. (make sure you circle whether it is an exam or quiz)
- ☺ If the final exam is not listed on the syllabus, the final exam schedules can be found in the back of the semester Class Schedule book.
- ☺ Take the completed form to your professor to have him/her complete his/her portion of the form. (if exams/quizzes are announced in class and not listed on the syllabus, you need only turn in this sheet for the first exam/quiz – you may call Exam Services at least 2 working days (Fall & Spring) 1 working day (Summer) in advance thereafter) **It is your responsibility to return this form completed to Exam Services.**
- ☺ You must deliver the completed form to Exam Services at least two working days (Fall & Spring) one working day (Summer) prior to the first exam/quiz you plan to take with Exam Services unless the only exam is the Final Exam, in that case the form must be in Exam Services by the date and time listed on the front of the current “Student Testing Rules” booklet you received with your semester packet.

FOR THE PROFESSOR

- ☞ Please review the form for accuracy
- ☞ Fill in the shaded area for “Time Allotted in Class” (this is to be the time the general class will be allowed – DS will calculate any extended time)
- ☞ Should the regular time of the exam not fit within Exam Services hours of operation, or if it does not allow the student to utilize his/her extended time due to back-to-back classes, please discuss with the student an alternate exam/quiz date and/or time. Once the alternate date and/or time is agreed upon by you and the student, please place your initials next to the alternate date and time.
- ☞ If exams/quizzes are announced in class and not listed in the syllabus, the student will need to notify Exam Services at least 2 working days (Fall & Spring) 1 working day (Summer) prior to the exam/quiz in order to receive appropriate accommodations. This form needs to be completed for the first exam/quiz only – thereafter the student may notify Exam Services by telephone – but he/she is still required to notify Exam Services at least 2 working days (Fall & Spring) 1 working day (Summer) prior to the exam/quiz.
- ☞ In the bottom shaded area check which type of method you wish the exam/quiz to reach Exam Services. (note that “Student” in this context means the student who is taking the exam/quiz)
- ☞ Also in the bottom shaded area check which type of method you wish the exam/quiz returned to you after the student has completed it. (again note that “Student” in this context means the student who is taking the exam/quiz)
- ☞ Please sign at the bottom. **It is the student’s responsibility to return the completed form to Exam Services in a timely manner.**