Remember: All Sections of this Form Must Be Completed before Submission to the DRC.

Upon Exam Completion, All Exam Materials will be Returned to Instructor. No Exceptions.

Accommodated Test Request (ATR) Form   FALL 2011

Disability Resource Center (DRC)
Accommodated Testing Service (ATS)
University of Florida • 001 Reid Hall (Building 0020)
P.O. Box 114085 • Gainesville, FL 32611
352-392-8565 ext. 202 (voice)
352-392-8570 (fax) • email: testing@dso.ufl.edu

DRC Staff Receiving Form	*Date Received*

DRC Office Use Only:

Last day to submit ATR form for FALL 2011 "Finals" Accommodated Testing: 5:00PM, Wed, Dec 7, 2011

STUDENT SECTION   Remember: All Sections Must Be Completed

- Please review, complete student section, and have Instructor complete remaining sections.
- Submit completed ATR form to DRC not less than four (4) business days prior to exam date.
- Confirm (on-line, phone, or email) exam location, date, time, & accommodations not less than three (3) business days prior to each exam date.
- Requests to modify a scheduled exam (date or time) must be submitted to DRC not less than three (3) business days prior to exam date.
- All requests to modify schedule must be approved by the Instructor and DRC.

Today's Date	*Student's Name* **PLEASE PRINT**	*Student's Signature*

@ufl.edu

Student's UFID#	*Student's Phone Number*	*Student's UF Email Address*

INSTRUCTOR SECTION   Please Provide All Requested Information

- Please review, complete Instructor section, and Course & Exam Information.
- Provide exam materials to DRC no later than 3:00 PM the business day before scheduled exam date.
- Please note, exams not received by deadline may result in cancellation of the accommodated exam.
- Exam materials may be sent via email (testing@dso.ufl.edu), faxed, or hand delivered to DRC.
- Exams will be available for pick-up upon completion, or will be delivered no later than the next business day after exam date.
- Provide complete delivery information. A signature will be required upon return of all exams.

Today's Date	*Instructor's Name* **PLEASE PRINT**	*Instructor's Signature*

Instructor's Phone Number (Primary)	*Instructor's Phone Number (Backup)*	*Instructor's UF Email Address*

☐ **Check box if exam is to be picked up from DRC. Otherwise, please indicate Primary and Backup locations for exam return.**

Instructor's Office (Primary Location for Exam Return)			Main Department Office (Backup Location for Exam Return)		
Room Number	*Building*	*Department*	*Room Number*	*Building*	*Department*

COURSE & EXAM INFORMATION   Instructor Must Approve Test Aids

Course Information   (Please Print Requested Information)

Course Number	*Course Section Number*	*Course Location*	*Course Day(s) & Course Period(s)*

Exam Information   (Please Print Requested Information)

Exam Date	Exam Start Time	Exam Length	Exam Location	Exam Format	*(Please Check All That Apply)* Permitted Class Exam Test Aids			
				☐ Paper ☐ Computer ☐ Sakai	☐ Open Notes ☐ Open Book ☐ Formula Sheet	☐ Basic Calculator ☐ Graphing Calculator ☐ Periodic Table	☐ Other:	
				☐ Paper ☐ Computer ☐ Sakai	☐ Open Notes ☐ Open Book ☐ Formula Sheet	☐ Basic Calculator ☐ Graphing Calculator ☐ Periodic Table	☐ Other:	
				☐ Paper ☐ Computer ☐ Sakai	☐ Open Notes ☐ Open Book ☐ Formula Sheet	☐ Basic Calculator ☐ Graphing Calculator ☐ Periodic Table	☐ Other:	
				☐ Paper ☐ Computer ☐ Sakai	☐ Open Notes ☐ Open Book ☐ Formula Sheet	☐ Basic Calculator ☐ Graphing Calculator ☐ Periodic Table	☐ Other:	
				☐ Paper ☐ Computer ☐ Sakai	☐ Open Notes ☐ Open Book ☐ Formula Sheet	☐ Basic Calculator ☐ Graphing Calculator ☐ Periodic Table	☐ Other:	

Final Exam Information

				☐ Paper ☐ Computer ☐ Sakai	☐ Open Notes ☐ Open Book ☐ Formula Sheet	☐ Basic Calculator ☐ Graphing Calculator ☐ Periodic Table	☐ Other:	