Student Accessibility Services

3570 Aero Court, Room D-204, San Diego, CA 92123
(858) 521-3967 ● Fax (858) 521-3996 ● www.nu.edu/sas

Student Name: _____ **ID#:** _____ **Campus Location**: _____

Professor Name: _____ **Course #:** _____

Approved Extended Test Time (*Review Accommodation Letter*): ☐ 1.5x   ☐ 2.0x

Other approved test accommodations you are requesting: _____

_____

Exam Date: _____ Exam Start Time for Class: _____ Standard length of time for Exam:_____hr_____min

Check the box that indicates lecture time: ☐ Before Exam ☐ After Exam   ☐ Will not occur before or after exam

Check the box next to indicate exam type: ☐ Paper-based ☐ Computer-based ☐ ATI (Nursing Program only)

_____

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PROFESSOR RESPONSIBILITY As the professor of record, your signature below indicates that you agree to the following:

1. The dates, times, and approved accommodations for the course as listed on this form and have reviewed the student's Accommodation Letter.
2. Adjust the test time for computer-based exams in Blackboard to reflect the student's approved extended test time at least 24 hours before the exam start time scheduled by SAS. Refer to the Blackboard Job Aid available at www.nu.edu/sas under Faculty Resources for step-by-step instructions on how to extend the time **OR** contact CIL Faculty Concierge at facultyconcierge@nu.edu for assistance.
3. Permission to CIL Faculty Concierge to adjust the test time in Blackboard should it not be done by the time of the exam.
4. **FORM DELIVERY**: Return this signed form to the student **OR** e-mail this form with your electronic signature to accommodations@nu.edu. SAS will provide a confirmation via e-mail once form has been received.

Professor Signature:_____**Date:** _____

Standard length of time: The amount of time the class is given to complete the quiz/exam
Start time: Input the time the class is set to start the exam. SAS will confirm the student's new start time to allow for the full extended testing time