

UCC Accessibility Services

Testing Reservation Form

Exam ⁻	Гуре: 🗌 Re	gularly Scheduled Exam	\square Web	☐ Make-Up Exam
Stude	ent Section:			
Please t	urn in all testing r	oom reservations at least 5-7 day	s before your exam date	
Name: Phoi		Phone Number:	Student ID#:	
Course	Name and Numbe	r: Exar	n Time and Date:	
Facul	ty Informatio	on:		
Name:		Phone Number:	Email:	
Student	: May Utilize the F	following:		
	Notes Calculator	☐ Homework☐ Note Cards	☐ Textbook ☐ Scratch Paper	☐ Other (Specify)
	elivery By:	ıdent 🔲 Intercampus Mail	☐ Email (<u>Danielle.Haskett</u>	:@umpqua.edu)
Exam I	Return By:			
☐ Ins	tructor Pick-up	☐ Student- Sealed Envelope	☐ Intercampus Mail- Sealed	l Envelope
JCC Instructor Signature Date		UCC Student Signature	Date	
		For Office	Use Only	
Schedule	d Test Date:	Scheduled Test Time:	Testing Location:	
\ttachod	Email Confirmation:	□ Student □ Instructor Date	e Emailed: Initial	¢.