XAVIER UNIVERSITY OF LOUISIANA
Counseling and Wellness Center

1 Drexel Drive • Box D
New Orleans, Louisiana 70125-1098
(504) 520-7315 • FAX (504) 520-7943
Office of Disability Services

Test Accommodation Form

Today's Date _____ Date of Test_____ Time of Test _____

Student's Name _____ Email Address _____ Phone # _____

Professor's Name _____ Course Title _____ Course Day & Time _____

NOTE: The student is responsible for returning this form to ODS seven (7) days prior to any exam or exam will have to be taken in class. Due to limited space, ALL exams are scheduled.

Professor's Section

Delivery of exam:

[ ] I will deliver the exam myself or send someone else.
[ ] Student will pickup exam in a sealed envelope with signature across the seal and bring it unopened to ODS.
[ ] I will email the exam.

Send to: slaugust@xula.edu (ODS Coordinator) and tmlabran@xula.edu (Office Manager)

Return of Exam:

[ ] I will pick up the exam.
[ ] Seal, sign over seal, and have student hand carry to professor.
[ ] ODS staff return completed exam to Bldg. _____ Room # _____.

Check all that may apply

Student is allowed to use: ☐ Calculator ☐ Notes ☐ Book ☐ Scratch Paper

☐ Dictionary ☐ Periodic Table ☐ Ruler/scales ☐ Other _____

Special instructions: _____

_____

_____

Exams should be in the ODS office (Bldg. 15) by 5:00 pm the day before it is scheduled

_____ _____
Professor's signature *Date*

_____
Contact number in case student has questions during the exam