

Capital University Law School

ACCOMMODATED EXAM SCHEDULE REQUEST

Name _____ Student ID # _____ Date _____

Term _____ Phone _____ Email _____

Division: Day Evening
(circle one)

Year: 1st 2nd 3rd 4th
(circle one)

1. Are you taking exams by laptop? Y N
2. If you plan on using a laptop, have you successfully registered for ExamSoft this semester? Y N
3. List below all exams that you plan to use your accommodations:

Day	Date	Exam begin time	Exam end time	Exam/Class Name	Class Section	Professor
M, T, W, TH, F,						
M, T, W, TH, F,						
M, T, W, TH, F,						
M, T, W, TH, F,						
M, T, W, TH, F,						
M, T, W, TH, F,						

3. RETURN TO JENNIFER CARLOCK (3RD FLOOR)

FOR MID TERM EXAMS: Return 2 weeks prior to your first scheduled mid term

FOR FINAL EXAMS: Return 30 days prior to the 1st day of each final exam period