

Manhattan School of Music Disability Services Testing Accommodation Form

STUDENT SECTION

Full Name: _____ MSM ID #: _____ Phone#: _____
Professor's Full Name: _____ Subject/Course#: _____
Requests (check all that apply): Alternate Testing Site Extra Time Computer/ Laptop

PROFESSOR SECTION

- Exam Date: _____ Exam Start Time: _____ Exam End Time: _____
 - EXAM PICK UP INSTRUCTIONS (CHOOSE ONE):
 - I will email exam to Crystal Wilson- cwilson@msmnyc.edu
By time and date: _____
 - I will deliver the exam to Crystal's office- room 120.
 - Crystal will pick up the exam from my office:
Preferred time and date of pick up: _____ Room #: _____
 - EXAM RETURN INSTRUCTIONS (CHOOSE ONE):
 - I will pick up the exam from Crystal's office- Room 120
 - Crystal or proctor will return the exam to:
 - Mail room (faculty folder)
 - OR
 - Room # _____; Date: _____; Time: _____
 - EXAM FORMAT (check all that apply):
 - Short answer/Multiple choice Essay
 - Listening section Other: _____
 - Additional instructions (regarding listening section, materials, etc.): _____

- Professor Signature: _____ Date: _____