



California State University, Stanislaus
Disability Resource Services

OUT OF CLASS TESTING REQUEST

*The testing request must be submitted to the DRS office 5 business days in advance for quizzes and exams.
Final exams should be submitted 10 business days in advance.*

Special Arrangements for Students with Disabilities

Student Name: _____ Student ID: _____

Course: _____ Section: _____ Class Meets: _____

Instructor: _____ Office/Phone Number: _____

Date and Time of Exam(s), as agreed upon by instructor and student:

#	Date	Exam Type	Time (circle/select time block) *			
Entry 1	_____	Regular/mid-semester exam	8:15am	10:45am	1:15pm	3:30pm
Entry 2	_____	Regular/mid-semester exam	8:15am	10:45am	1:15pm	3:30pm
Entry 3	_____	Regular/mid-semester exam	8:15am	10:45am	1:15pm	3:30pm
Entry 4	_____	Regular/mid-semester exam	8:15am	10:45am	1:15pm	3:30pm
Entry 5	_____	Regular/mid-semester exam	8:15am	10:45am	1:15pm	3:30pm
Final	_____	Exam During Finals Week	8:30am	12:30pm		

**Note: If no time/date is selected upon instructor signature, the student will be prompted to select a time/date before submitting the request.*

Instructor Signature: _____ Date: _____