

**EXAM TRANSMITTAL FORM
SERVICES FOR STUDENTS WITH DISABILITIES**

WALB 113

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This form must be completed by the course instructor.

Registered SSD Student Name:
Date of the exam at SSD:
Time of the exam at SSD:
Faculty Name:
Faculty Phone Number:
Course:
Time allowed for the in-class exam:

X	Exam will be returned by:
	Campus Mail:
	Campus Mail Address:
	Building:
	Room #:
	Course instructor pick up

X	Authorized Materials:
	Ruler
	Calculator
	Dictionary
	Open notes
	Open book
	Use of computer
	Blue Book
	Tables/Charts
	Use of Scantron
	Type of scantron:
	_____ Red _____ Green

Other Instructions: