

TESTING ACCOMMODATION REQUEST FORM (TARF)

- There is a separate form for QUIZZES (www.health.columbia.edu).
- The deadline for all forms is **2 weeks prior** to exam date, except for final exams.
- Final exam deadline date will be announced each semester. The deadline is generally 6 weeks prior to finals.
- Late forms will be accepted but you will be placed on a non-guaranteed waitlist. Be prepared to take the exam in class without accommodations. If DS is able to administer your exam, you will receive a confirmation email.
- A full description of exam procedures and responsibilities is outlined in the DS Testing Agreement form.

Student Section

Name: _____ UNI: _____ Cell: _____

Course: _____ Section: _____ Professor: _____

TA Name: _____ TA Email: _____

Date of Exam: _____ Exam Start Time: _____

Please check if: Extended time conflicts with another class. If yes, discuss the conflict with your instructor to determine adjusted start time/date. Have your instructor sign the line below indicating their approval for the adjusted date and/or time.

Adjusted Start Time: _____ **OR** New Date & Time: _____ Instructor Signature: _____

If you are eligible for the following accommodations, indicate below which you will need for this exam:

Use of computer: No Yes (check one: PC **or** MAC) Scribe: No Yes Other: _____

Instructor Section

*To be completed by Professor or authorized TA. Instructor Section **not** required for Columbia: General and Organic Chemistry (I & II), Professor D. Mowshowitz/ Chasin Biology, Frontiers of Science and Physics Lecture courses only.*

1. Exam details/specifications: Student permitted to bring and use the following (please check all that apply):

Calculator - specify type: _____

Textbooks

Their own set of notes:

pages of notes (8.5x11): _____ Check One: Single-sided **or** Double-sided

Other: _____

The exam format includes (please check all that apply):

PowerPoint Slideshow (PPT)

Listening Section/Film Clip I will: Administer myself Email Drop off to DS Office Record at DS Office

Additional Instructions: **Please request exams using student names, not "a student(s) in your course".**

Amount of time class receives for exam: **75 midterm / 180 final** minutes. (DS will adjust accordingly)

2. Professor/ TA Contact information: Email: **dbayer@barnard.edu** Phone: **(212) 854-2643**
(During the exam for student questions)

3. Delivery of completed exam: (If this section is left blank, the exam will be emailed to your uni@columbia.edu email)

Pick up exam at DS (Wien Hall, Ste. 108A) Email copy of exam to: _____

Campus Delivery: **426 Mathematics (please notify by email after exams have been delivered)**
(Building) (Floor/Room)

I agree to have DS administer my exam(s) for the above student on the date(s) and time(s) listed above with the appropriate accommodations, and to send a copy of the exam, listening, film and/or PPT files at least 8 hours in advance of the exam.

Signature: **Dave Bayer** Date: **October 23, 2015**

DS STAFF USE ONLY

Forms Received:

Name: _____ Date: _____ Lockbox Late TARF?

Approved Accommodations:

Extended Time: _____ Rest Breaks: _____ (min/hour) Computer Other: _____

Class exam length: _____

Exam length + extended time: _____

Maximum rest break time: _____

Maximum exam length: _____

Exam Entered by (DS Staff): _____
Double Checked by (DS Staff): _____

Proctor Log

Name of Proctor: (1) _____ (2) _____

***Email DS if student arrives 10 minutes (or more) after the scheduled start time to determine exam end time**

Exam Time Log For Students Eligible for Rest Breaks + Extended Time

(One rest break per hour. Unused rest break time does not carry over into next break)

Actual Exam Start Time: _____ Expected End Time: _____ Latest End Time: _____
(without any rest breaks) (with all rest breaks)

Break Start Time: _____ End: _____ Break Start Time: _____ End: _____ Break Start Time: _____ End: _____

Break Start Time: _____ End: _____ Break Start Time: _____ End: _____ Break Start Time: _____ End: _____

Total Rest Break Time Taken: _____ minutes **Actual Exam End time:** _____
(Recalculate actual exam end time by adding total rest break time to expected end time.)

Exam Time Log for All Other Students

Actual Exam Start Time: _____ Expected End Time: _____ Actual End Time: _____

Bathroom Breaks Log: Please alert DS if student does not return to room after 8 minutes, and before allowing 3rd break.

Departure time: _____ Return: _____ Departure time: _____ Return: _____

Departure time: _____ Return: _____ Departure time: _____ Return: _____

Blue Book # used: _____ DS Exam Paper # pages: _____ Scrap Paper # pages: _____

Computer Use: YES NO Computer #: _____ Flash drive #: _____

Notes regarding any issues/ student questions during exam: _____

Exam scanned by: (Print name): _____ Date: _____

Exam delivered by: (Print name): _____ Date: _____

Exam emailed by: DS staff initials: _____ Date: _____

Delivery Receipt Information - (To Be Completed by Person Receiving/Picking up Exam):

Print name: _____ Signature: _____ Date: _____

Please Indicate: Departmental Admin Professor TA Other: _____