CSD SINGLE EXAM FORM

This form should be completed by the instructor when:
1. A change is made (e.g., date, time, instructions) to a previously-scheduled exam, or
2. When an original Request for Individualized Testing Accommodations (RITA) Form has not been submitted.

Please Print
Student’s Name/ I.D. # ________________________________
Course Name/Course # ______________________________________
Instructor’s Name __________________________ Phone # ___________________
E-mail __________________________ Exam Date ______________ Time _____________

Please check appropriate line:
___ This exam was previously scheduled for: Date______________ Time______________
___ This exam was not previously scheduled with CSD.

Exam Instructions:
Exams must be available or delivered to CSD a minimum of 24 hours in advance of test date. Exams will be returned to the department location within 2 business days of completion.

___ Instructor will fax exam to CSD at (713) 743-5396.
___ Instructor will deliver exam to CSD on: Date ______________ Time _____________
___ Instructor will email exam to CSD at uhcsd@central.uh.edu. (Word doc preferred.)
___ Instructor requests CSD to pick up exam from ________________________________.

STUDENT MAY USE THE FOLLOWING DURING THE EXAM:

CAL________ NOTES________ BOOK______ COMPUTER______ OTHER________
(Scientific/graphing) (Internet/ w/o Internet)

Instructor’s Signature ____________________________ Date____________________

“You have the power. Live the Dream”
- Justin Dart, Jr.