



# EXAM SCHEDULING REQUEST

## Accessibility Services

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

E [accessibility@bcit.ca](mailto:accessibility@bcit.ca) T 604.451.6963 F 604.432.8839

Building SW1-2360

### NOTES TO STUDENTS:

- Submit a separate exam request for each exam at least ten (10) business days (M–F) before the class exam date.
- If the exam request is received passing the above time line, we cannot guarantee that it will be processed in time for the requested seating.
- Contact Accessibility Services at the above phone number for questions or concerns.
- When completed email to [accessibility@bcit.ca](mailto:accessibility@bcit.ca)

|   |  |   |                               |
|---|--|---|-------------------------------|
| Student's Name (First Middle Last)                                      | Instructor's Name  | Today's Date (MMM:DD)   |                               |
| Student Number (AOXXXXXX)   | Instructor's Phone Number  | Exam Date (MMM:DD)  | Exam Time (HH:MM)             |
| Student's Phone Number  | Instructor's Email   | Additional Exam Details (if applicable)   |                               |
| Student's Email Address   | Exam Location<br>BBY <input type="checkbox"/> DTC <input type="checkbox"/> BMC <input type="checkbox"/> ATC <input type="checkbox"/> AI <input type="checkbox"/> HOME <input type="checkbox"/><br><input type="checkbox"/> OTHER _____ | Course Number<br>(eg CHEM 1101)   | CRN (Course<br>Reference No.) |
| <input type="checkbox"/> My Accommodation Plan is updated for this term | Delivery Method<br><input type="checkbox"/> Learning Hub <input type="checkbox"/> Paper<br><input type="checkbox"/> Other _____  | <input type="checkbox"/> Quiz <input type="checkbox"/> Mid-term <input type="checkbox"/> Final<br>Class Exam Time Length (in minutes) |                               |

### Requested accommodations for this exam are: (check only approved accommodations)

|   |  |   |
|---|--|---|
| <b>Added Time</b><br><input type="checkbox"/> Time-and-a-half (x1.5)<br><input type="checkbox"/> Double time (x2)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Compensatory breaks | <b>Assistive Technology</b><br>Digital Reader (Text to speech)<br>Read & Write<br>Other _____<br>Digital Scribe (Speech to text)<br>Read & Write<br>Other _____<br>Other _____ | <b>In-person exams</b><br><input type="checkbox"/> Individual room<br><input type="checkbox"/> No classroom exams<br><input type="checkbox"/> Computer (typing/spell check)<br>Other approved exam accommodations/<br>instructions: |
| <b>Human</b><br><input type="checkbox"/> Reader <input type="checkbox"/> Scribe   |  |   |

### ACCESSIBILITY SERVICES OFFICE USE ONLY

|  |   |   |
|--|---|---|
| <input type="checkbox"/> IAP is Current and Exam Accommodations Confirmed<br><input type="checkbox"/> Entered in CW<br><input type="checkbox"/> 1st email request sent<br><input type="checkbox"/> 2nd email follow up sent<br><input type="checkbox"/> 3rd phone request made | <input type="checkbox"/> Proctor secured for exam<br>_____<br><input type="checkbox"/> In-person <input type="checkbox"/> Virtual<br>Proctor access confirmed<br>Assistive technology confirmed<br>Notes: | <input type="checkbox"/> Exam instructions received<br>_____<br><input type="checkbox"/> Learning Hub exam<br><input type="checkbox"/> LH settings adjusted<br><input type="checkbox"/> Exam copy received<br><input type="checkbox"/> Electronic<br><input type="checkbox"/> Hard copy |
|--|---|---|

|   |  |   |               |
|---|--|---|---------------|
| Class Exam Time Length (minutes)                                | X Accommodation Factor (including compensatory time) | Total Exam Time                               |               |
| <input type="checkbox"/> Room assigned / Zoom meeting scheduled |  | Exam Start Time                               | Exam End Time |
| Completed Exam  |  |   |               |
| <input type="checkbox"/> Exam to be scanned                     |  | <input type="checkbox"/> Exam to be picked up |               |
| <input type="checkbox"/> Scanned by                             | Date Scanned   | <input type="checkbox"/> Picked up by         | Pick up date  |
| Notes   |  |   |               |

BCIT collects the personal information that you chose to provide on this form under the authority of section 26 of the Freedom of Information and Protection of Privacy Act RSBC, 1996, c. 165 and the College and Institute Act, RSBC, 1996, c. 52.

This information will be used only to determine your eligibility for academic accommodations, and if eligible, to provide the appropriate accommodation. BCIT will not disclose your personal information to a third party or a BCIT program area outside of Accessibility Services without your consent unless required by provincial and/or federal government authorities or authorized by law.

Questions about the collection, use and disclosure of personal information by BCIT may be directed to the Director, Privacy, Information Access, and Policy Management, 3700 Willingdon Ave., Burnaby BC V5A 3H2; Email: [privacy@bcit.ca](mailto:privacy@bcit.ca)