



EXAM SCHEDULING REQUEST

Accessibility Services

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

E 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

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 BBY DTC BMC ATC AI HOME <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____	Course Number (eg CHEM 1101)	CRN (Course Reference No.)
<input type="checkbox"/> My Accommodation Plan is updated for this term	Delivery Method <input type="checkbox"/> Learning Hub <input type="checkbox"/> Paper <input type="checkbox"/> Other _____	<input type="checkbox"/> Quiz <input type="checkbox"/> Mid-term <input type="checkbox"/> Final Class Exam Time Length (minutes)	

Requested accommodations for this exam are: (check "Yes" only to approved accommodations)

Added time <input type="checkbox"/> X 1.5 <input type="checkbox"/> X 2.0 <input type="checkbox"/> Other _____	<input type="checkbox"/> Assistive Technology: <input type="checkbox"/> Kurzweil <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> Read&Write (please note this is available for all students) <input type="checkbox"/> Reading function (text-to-speech) <input type="checkbox"/> Writing function (speech-to-text) <input type="checkbox"/> Other _____	In-person exams <input type="checkbox"/> Individual room <input type="checkbox"/> No classroom exams <input type="checkbox"/> Computer (typing/spell check) Other approved exam accommodations/ instructions
<input type="checkbox"/> Compensatory breaks		
<input type="checkbox"/> Reader <input type="checkbox"/> Scribe		

ACCESSIBILITY SERVICES OFFICE USE ONLY

<input type="checkbox"/> IAP is Current and Exam Accommodations Confirmed <input type="checkbox"/> Entered in CW <input type="checkbox"/> 1st email request sent <input type="checkbox"/> 2nd email follow up sent <input type="checkbox"/> 3rd phone request made	<input type="checkbox"/> Proctor secured for exam _____ <input type="checkbox"/> In-person <input type="checkbox"/> Virtual <input type="checkbox"/> Proctor access confirmed <input type="checkbox"/> Assistive technology confirmed Notes:	<input type="checkbox"/> Exam instructions received _____ <input type="checkbox"/> Learning Hub exam <input type="checkbox"/> LH settings adjusted <input type="checkbox"/> Exam copy received <input type="checkbox"/> Electronic <input type="checkbox"/> Hard copy
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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 Associate Director, Privacy, Records Management and Copyright, 3700 Willingdon Ave., Burnaby BC V5A 3H2; Tel: 604.432.8508 Email: Cynthia_Kent@bcit.ca. Directory of Records Classification 3565-20.