

EXAM COVER SHEET
Americans with Disabilities Act Office (ADA)
Office of Human Resources
Hours of Operation: Monday – Friday 8:00 a.m. to 5:00 p.m.
413 Academy Street Room 164, Newark, DE 19716
E-mail: adaoffice@udel.edu
Telephone: (302)831- 4643 - Fax: (302)831-3261

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Phone: _____

Cell Phone: _____ Course: _____ Email: _____

Scheduled Class exam date: _____ Scheduled Class time: _____

TO BE COMPLETED BY THE INSTRUCTOR
Please fax exam with this cover sheet to (302) 831-3261
This form should accompany the exam 24 hours before the exam date.

Instructor's Name: _____ Phone/Fax: _____

Email: _____ Department/Address: _____

STANDARD TEST PROCEDURES:

Time allotted for standard administration: _____

Circle References allowed for the exam: **calculator - dictionary - open book - open notes**

Are you available for questions during the exam? Yes Phone: _____ No:

Special Instructions:

Instructor Signature: _____ Date: _____

It is expected that students will adhere to the University of Delaware's Code of Conduct.

Date completed: _____ Time: _____ to _____

COMPLETED EXAM WILL BE RETURNED VIA COURIER UNLESS OTHER ARRANGEMENTS ARE AGREED TO.