

UNIVERSITY of HOUSTON

CENTER FOR STUDENTS WITH DISABILITIES

Justin Dart, Jr. Center for Students with Disabilities, Building #568
Telephone: 713/743-5400 Fax: 713/743-5396 uhcsd@central.uh.edu
Hours: 8-5 Monday-Friday
Fall and Spring: 8-7 Monday and Tuesday

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. # John Putkey / 0541069
Course Name/Course # Chemical process / CHEE 233A
Instructor's Name Professor Patrick C. Cirino Phone # 713-446-7348
E-mail Jrputkey@uh.edu Exam Date _____ Time _____

Please check appropriate line:

This exam was previously scheduled for: Date 10/3/16 Time 1-2:30 pm

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 _____
(location)

STUDENT MAY USE THE FOLLOWING DURING THE EXAM:

CAL _____ NOTES _____ BOOK _____ COMPUTER _____ OTHER _____
(scientific/graphing) (Internet/ w/o Internet)

Instructor's Signature _____ Date _____

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Justin Dart, Jr. Center for
Students with DisABILITIES

CSD Building, Room 100 Voice: 713/743-5400
Houston, TX 77204-3022 Fax: 713/743-5396
www.uh.edu/csd TTY: 713/749-1527
E-mail: uhcsd@central.uh.edu

Hours: 8-5 Monday-Friday

Fall and Spring extra hours: 8-7 Monday and Tuesday (only)

Request for Individualized Test Accommodations (RITA) Instructions

(Please be aware that incomplete or illegible forms may result in testing delays)

Student

Note: Let CSD know of any accommodations (listed on Section 2) that are not provided/available for you.

1. Give copy of the Student Accommodation Form (SAF) and attached AAEC¹ approval form to each instructor.
2. **Complete ALL of Section 1 - Write legibly**
 - a. Your first and last name
 - b. Your instructor's complete name, course number and name (with section number)
 - c. Your phone number
3. Indicate requested accommodations for exam (requested accommodation **must be listed on your SAF**)
4. **Meet with each instructor to complete RITA form** (if possible)
5. Return **white copy in person** (if possible) to CSD **BY NOON (12pm) the day before** your first exam.

Instructor

Note: Please do not complete this form without receiving a current Student Accommodation Form (SAF)

1. **Section 2 - Complete all sections**
 - a. List **all exam dates** or range of dates for the entire semester, whenever possible.
 - b. List the **time** the student may begin the exam, not the time of the class.
 - c. Or, if **negotiable**, please write an "**N**" for "anytime"
 - d. Choose dates/times **only during CSD's hours of operation** (please see above).
2. Choose your "Exam Pick-Up Options".
3. Indicate exam accommodations allowed (in "Additional Information").
4. **Sign and complete all** of the bottom section.
5. **Return** the white and yellow copies to the student. **Keep the pink copy.**

Unknown test date/changes? Complete CSD Single Exam RITA Form & fax: 713.743.5396 or uhcsd@central.uh.edu

CSD

1. Assure test security.
2. Administer exams at times and/or dates on RITA. If student is more than 15 minutes late, student must reschedule. CSD will not change the date or time of an exam without the instructor's permission to do so.
3. Return exams to instructors within two (2) business days of completion in sealed envelope. Get signature.
4. Provide approved exam accommodations.
5. Adhere to exam administration instructions.

¹ AAEC - Academic Accommodations Evaluation Committee

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REQUEST FOR INDIVIDUALIZED TESTING ACCOMMODATIONS (RITA)

Section 1: To be filled out by student

Name John Putkey Phone number 713-446-7348

Course name Chemical process Number 2331

Instructor's name Patrick C. Cirino

REQUESTED ACCOMMODATIONS:

Based on my Student Accommodation Form (SAF), I request the following accommodations for exams in this course. (Please check all that apply.):

Extended (up to double) testing time Total time 4 hrs

Scribe (for Scantron or typist) (Please circle one.)

Use of computer (without internet access)

Other _____

Student's Signature _____

Date 9/14/16

Section 2: To be filled out by instructor

The student named above has presented me with his/her Student Accommodation Form (SAF). I agree to the requested exam accommodations as set forth in Section 1. Exams are to be administered by CSD on the following dates and start-times.

Note: If start-times are negotiable (within CSD hours of operation) place an (N) in the space designated.

1. Date _____ Time _____ 4. Date _____ Time _____

2. Date _____ Time _____ 5. Date _____ Time _____

3. Date _____ Time _____ 6. Date _____ Time _____

EXAM PICK-UP OPTIONS:

Exams must be made available or delivered to CSD a minimum of 24 hours in advance of test date.

Exams will be returned to my department location within 48 hours of completion.

I will fax exam to CSD at (713) 743-5396.

I will deliver exam to CSD.

I will e-mail exam to CSD at uhcsd@central.uh.edu. (Word doc is preferred.)

I request CSD to pick up exam from _____

(location)

ADDITIONAL INSTRUCTIONS:

Student may use the following during this exam:

Calculator Book Notes Computer Other _____

Instructor's Signature _____

Date _____

Contact Person _____

Bldg/Rm _____

Ext. _____

Fax _____