



**Accommodated Testing
Exam Drop-Off Form**

Testing Services – TE1233
(403) 320-3202 x5775
exams@lethbridgecollege.ca

Please complete this form for each exam requiring exam accommodations for one or more students.

Instructor: _____ Course: _____

Contact Info: _____

Date Exam must be completed: ON BY _____

Exam Length (*unadjusted*): _____ hour(s) _____ minutes

EXAM TYPE (Select one of the following options, and specify details where necessary)

Canvas Password: _____

Paper Scantron: 50 100 200

Program Laptop Software: _____

Other Specify: _____

EXAM MATERIALS

Textbook Course Notes Reference Sheet Other Resources

Specify: _____

Calculator [Any Restrictions? Basic Scientific Graphing]

No Lock Down Browser (LDB will be used for all canvas exams, unless specified)

Additional Instructions: _____

STUDENT NAMES

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

EXAM RELEASE (Exam will be held in office for instructor pickup, unless specified)

Printed Name: _____ Student Instructor

Signature: _____ Date: _____



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