



Coastline Community College
 Special Programs and Services for the Disabled
 Newport Beach Center
 1515 Monrovia, Newport Beach, CA 92663
 Office Hours: 8-5 pm, M-F, (714) 241-6214, Fax 714-431-3602
 lshore@coastline.edu

Test Taking Services Form

This form and a copy of the course syllabus must be received by the 1st Friday of the term

Student Name: _____ Email: _____

Phone # _____ Student ID# _____

Course Name: _____ Course Type: Online _____ Hybrid _____ Traditional _____

CRN# _____ Telecourse _____ Independent Study _____

Instructor's Name _____ Instructor's Email: _____

**Using your course syllabus, please list all TIMED assessments
 in which you will need accommodations.**

Please use one form per course.

.....office use only.....

Exam Type <i>per syllabus</i>	Exam Date and Time <i>per syllabus</i>	Exam Time Length <i>per syllabus</i>	Requested Date and Time of Proctored Exam	Exam or Code Requested	Exam or Code Received /Sent	Exam # or Code #
<i>Example:</i> Final	<i>Example:</i> Sat., Dec. 15 noon	<i>Example:</i> 2 hours	<i>Example:</i> Fri., Dec. 14 8:00am			

*Reminder: It is your responsibility to obtain approval from the instructor to take an exam **after** the date an exam is scheduled according to the syllabus. The instructor must provide our office this approval.*