

ACCOMMODATION FOR EXAMINATION FORM

- For each accommodated examination requested by the student, one of these forms must be completed.

Date: _____

Date of examination: _____

- Send, by email, to course instructor and Module

Last name:	First name:
Permanent code:	Program:
Name of Instructor:	Course code: Group:

In-class Examination	Distance Examination
Submitted within 14 day deadline: YES / NO	This form must be submitted by the end of the second week of the start of the session at the latest
Centre/Campus: _____	Location: _____

Accommodations

Exam start time: _____ Expected duration of exam: _____

Finish time, with accommodations: _____

I have a class right after the exam: YES / NO

Technological assistance: _____ Other accommodations: _____

Module Email Addresses

School of Engineering: genie@uqat.ca

IRME: irme@uqat.ca

IRF: irf@uqat.ca

Behavioural Sciences: sc-comportement@uqat.ca

Social Work: sc-sociales@uqat.ca

Management Sciences: sc-gestion@uqat.ca

Health Sciences (distance): sc-sante@uqat.ca

Health Sciences (others): sante-module@uqat.ca

Creation and New Media: creation@uqat.ca

Educational Sciences: sc-education@uqat.ca

Reserved for accommodations coordinators (Module)

Start Time (actual): _____ End Time (actual): _____

Exam room: _____ Name of exam monitor: _____

Adapted materials (computer, software, exam questions, etc.): _____

Comment(s): _____