

**THE UNIVERSITY OF AKRON  
SCHOOL OF LAW  
Office of the Dean**

TO: Law Student Body

FROM: Misty D. Franklin, Assistant Director of Student Affairs

SUBJECT: Special Exam Accommodations

Please notify if it is necessary for you to have any special exam accommodations for exams. You must notify the Dean's Office **no later than:**

**Fall Exams – First Week of November  
Spring Exams – First week of April  
Summer Exams – One week before the end of Session**

**Please use the form on the next page of this memo.** We will review all special exam accommodations for the term, make exam arrangements and notify students **before the last instructional day of room assignments and arrangements**. Please keep in mind that your exams will be held on the same day as the schedule exam, unless otherwise noted.

**REGARDING TEMPORARY DISABILITIES:**

If you do not already have documentation in the Dean's Office, please submit a medical excuse from your attending physician with your response/request for a temporary, one-time accommodation.

**REGARDING PERMANENT OR LONG-TERM DISABILITIES:**

**Students with permanent disabilities must be registered with the University's Office of Accessibility. Contact information for that office may be found at:**

**<http://www.uakron.edu/access>**

**REGARDING ALL TEMPORARY, PERMANENT, OR LONG-TERM DISABILITIES:**

**If you require accommodations** for special exam assistance, please **complete the information on the next page of this document**. Please be specific about the accommodations you will need given a particular exam format (e.g., a reader and time and a half - multiple choice; a computer and double time - essay format). This specific information, along with the documentation about your disability, which may already be on file in the Dean's Office, will allow us to make informed decisions about the accommodations you need.

**YOU MUST FILL OUT THIS FORM EVEN IF YOU HAVE RECEIVED SPECIAL ACCOMMODATIONS IN PREVIOUS SEMESTERS.** Should we **not receive** your request by the **deadline date**, we will assume **you have no accommodation needs for this exam period**.

**SPECIAL EXAM ACCOMMODATION REQUEST ~**

(Please return to Law Dean’s Office, c/o Assistant Director of Student AffairsMisty D. Franklin)

**Student’s Name** \_\_\_\_\_

**Student ID #** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Full-time Student** \_\_\_\_ **Part-time Student** \_\_\_\_ **Cell Phone:** \_\_\_\_\_

**My disability is:** \_\_\_\_ **Temporary (medical excuse from my attending physician is attached)**

**-or-**

\_\_\_\_ **Permanent or Long-Term**

\_\_\_\_ **I have registered with UA Office of Accessibility**

**-or-**

\_\_\_\_ **I plan to register with UA Office of Accessibility by** \_\_\_\_\_  
**(date)**

**Accommodations Requested:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**EXAM INFORMATION:**

<b>Course</b>	<b>Professor</b>	<b>Unaccommodated Exam Length</b>	<b>Exam Date and Time</b>	<b>Exam Format</b>