Students with a documented disability or special circumstances may be entitled to certain academic accommodations for their examinations. To be eligible to receive any accommodations a student must: 1) meet with the Law School’s Registrar, who is responsible for providing academic accommodations within the Law School; and 2) receive from the Law School Registrar pre-approval for the specific accommodations sought.

To arrange for a pre-approved exam accommodation, fill out and submit the attached form to Eckstein Hall, Room 238, no later than one week prior to the last day of classes. Details and instructions about the special exam(s) will be communicated to you in writing (via email) no later than the Study Day.
Marquette University Law School
Request Accommodation for Examinations

PART A – STUDENT INFORMATION

Name:______________________________    MU-ID:______________________________
Address:____________________________    Home Phone:__________________________
________________________________________    Cell Phone:________________________
________________________________________    Email:______________________________

PART B – EXAMINATION SCHEDULE

Please attach a copy of your complete examination schedule for this semester, including course title and instructor.

PART C – ACCOMMODATIONS REQUESTED

1. Accommodations approved by the Law School (please check all that apply):

   ______ Distraction-reduced testing environment.
   ______ Special seating arrangement in class. (Please specify:______________________)
   ______ Use of special device. (Please specify:______________________________)
   ______ Breaks during test. (Please specify:______________________________)
   ______ Breaks between tests. (Please specify:______________________________)
   ______ Extended time. (Please specify:______________________________)
   ______ Large print exam. (Please specify:______________________________)
   ______ Other. (Please specify:______________________________)
2. Exams to be accommodated:

EXAM I

Course:_______________________________________________________________

Instructor:_____________________________________________________________

If available, do you intend to use Examsoft on this exam?   Y / N

EXAM II

Course:_______________________________________________________________

Instructor:_____________________________________________________________

If available, do you intend to use Examsoft on this exam?   Y / N

EXAM III

Course:_______________________________________________________________

Instructor:_____________________________________________________________

If available, do you intend to use Examsoft on this exam?   Y / N

EXAM IV

Course:_______________________________________________________________

Instructor:_____________________________________________________________

If available, do you intend to use Examsoft on this exam?   Y / N

EXAM V

Course:_______________________________________________________________

Instructor:_____________________________________________________________

If available, do you intend to use Examsoft on this exam?   Y / N

By signing this form, you are attesting to the completeness and accuracy of the information provided.

___________________________________  ______________
Student Signature         Date