



**FRANKLIN COLLEGE SWITZERLAND**  
***Accommodated Exam Request Form***

**For the student to fill out:**

Course	
Professor	
Original Exam Date:	Proposed Date of Accommodated Exam:
Original Course Exam Time (start and end time):	Proposed Time of Accommodated Exam (start and end time):

**For the Professor to fill out:**

Your Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

Has this request been submitted 14 calendar days prior to the original exam date? Y or N

Signature \_\_\_\_\_

**For the Writing and Learning Center to fill out:**

Date \_\_\_\_\_

Has this request been submitted 14 calendar days prior to the original exam date? Y or N

Writing and Learning Center Director's Signature \_\_\_\_\_