TESTING ACCOMMODATION REQUEST FORM (TARF)

All forms are due 3 weeks prior to exam date, except for final exams. The deadline is generally 6 weeks before finals. If you submit a form after the deadline, be prepared to take the exam in class without accommodations. If DS is able to administer your exam, you will receive a confirmation email. Forms will not be accepted without professor signature, with the exception of Master TARFS. Please see https://health.columbia.edu/services/testing-accommodations for a list of courses with a Master TARF to be submitted instead of this form. There is a separate form for QUIZZES (www.health.columbia.edu). A full description of exam procedures and responsibilities is outlined in the DS Testing Accommodation Agreement.

Student Section

Name: ___________________________ UNI: ___________ Cell: ___________________________
Course: Analysis And Optimization  Section: 001  Professor: Xi Shen
TA Name: ___________________________ TA Email: ___________________________
Exam Dates: (1) 10/4 (2) 11/15 (3) _________ (must use a separate form for final exams)
Exam Start Time: ___________________________

If you are eligible for the following accommodations, indicate below which you will need for this exam:

☐ Use of computer: □ No ☐ Yes (check one: □ PC or ☐ MAC) ☐ No ☐ Yes Other: ________________

☐ I have an exam conflict on (include all dates): ___________________________
Discuss the conflict(s) with your instructor to determine adjusted start time or date. Have your instructor sign the line below indicating their approval for the adjusted start time or date.
Adjusted Start Time or Date: ___________________________ Instructor Signature: ___________________________

Instructor Section

1. Exam details/specifications: Student permitted to bring and use the following (please check all that apply):
☐ Calculator - specify type:
☐ Basic 4-function ☐ TI 30-XS ☐ Scientific/Non-Graphing ☐ Graphing/Programmable ☐ Any
☐ Open book test - please specify: ________________
☐ Notes permitted - please specify: ☐ Unlimited pages, or ☐ Single-sided or ☐ Double-sided
☑ Additional Proctoring Instructions: Closed Book

2. Exam format includes (please check all that apply):
☐ PowerPoint Slideshow (PPT) ☐ Audio File ☐ Video/Film Clip
If yes, I will: ☐ Administer myself ☐ Deliver to DS at least 72 hours in advance
☐ Exam administered online (i.e., Courseworks exam) - please specify: ________________

3. Amount of time class receives for exam: ___________ minutes. (DS will adjust accordingly)

4. Contact info during exam for student questions: xss2000@columbia.edu Call: ___________________________
   (Email) (Phone)

5. Delivery of completed exam: (If this section is left blank, the exam will be emailed to your uni@columbia.edu email)
☐ Pick up exam at DS (Wien Hall, Ste. 108A) ☐ Email copy of exam to: xss2000@columbia.edu
☐ Campus Delivery: (signature required): ___________________________ (Building) ___________________________ (Floor/Room)

I agree to have DS administer my exam(s) for the above student on the date(s) and time(s) listed above with the appropriate accommodations, and to send a copy of the exam, audio, video and/or PPT files at least 72 hours in advance of the exam. If I am unable to send the exam by this deadline, I will be responsible for proctoring this exam with the student’s approved accommodations. Additionally, I understand that the start time listed above may need to be adjusted due to the student’s extended time or class schedule, when medically necessary and/or DS’ hours of operation. DS will make best efforts to schedule the exam to overlap with the in-class exam. If this is not possible, DS will contact me to determine the best way to accommodate the student.

Signature: ___________________________ Professor Signature not required for Master TARF courses
Date: ___________________________ Fall 2022

FOR DS STAFF ONLY: ☐ Exam Received

Revised September 2021
Accommodations/equipment required for student's exam:

- ☐ Extended Time: ________
- ☐ Rest Breaks: ________ (min/hour)
- ☐ Other: __________

Class exam length: __________________________

Exam length + extended time: __________________________

Maximum rest break time: __________________________

Maximum exam length: __________________________

Entered by (DS Staff): __________________________

Double Checked by (DS Staff): __________________________

*Evening Exam Time Check: __________________________

(refer to evening exam information)

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Proctor Log - EXAMS- (Please print your name for every field you complete below)

Name of Proctor: (1) __________________________ (2) __________________________

Name of Proctor: (3) __________________________ (4) __________________________

Proctor notes on student questions, exam delays, or any issues (NOTE: Proctor still needs to email/call DS in real time):

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* Email DS if student arrives 10 minutes (or more) after the scheduled start time to determine exam end time (Semester exam only)

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Exam Time Log For Students Eligible for Rest Breaks + Extended Time
(One rest break per hour. Unused rest break time does not carry over into next break)

- Actual Exam Start Time: ____________
- Expected End Time: ____________
- Latest End Time: ____________

(without any rest breaks)

Break 1 Length: ________
- New End Time: ____________

Break 2 Length: ________
- New End Time: ____________

Break 3 Length: ________
- New End Time: ____________

Break 4 Length: ________
- New End Time: ____________

Actual Exam End Time: ____________

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Exam Time Log for Students NOT Receiving Rest Breaks

- Actual Exam Start Time: ____________
- Expected End Time: ____________
- Actual End Time: ____________

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Bathroom Breaks Log: Please alert DS if student does not return to room after 8 minutes, and before allowing 3rd break.

- Departure time: ____________
- Return: ____________

- Departure time: ____________
- Return: ____________

- Departure time: ____________
- Return: ____________

- Departure time: ____________
- Return: ____________

#Blue Books Issued: ________ Used: ________ Returned: ________

#Exam Paper Issued: ________ Used: ________ Returned: ________

#Scrap Paper Issued: ________ Used: ________ Returned: ________

Computer Use: YES ☐ NO ☐

Computer #: ________

Flash drive #: ________

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Exam scanned by: (Print name): ____________ Date: ____________

Exam delivered by: (Print name): ____________ Date: ____________

Exam emailed by: (Print name): ____________ Date: ____________

Delivery Receipt Information – (To Be Completed by Person Receiving/Picking up Exam):

- Print name: ____________
- Signature: ____________
- Date: ____________

Check one: ☐ Picked up at DS office ☐ Delivered to: __________________________