COLUMBIA HEALTH
Disability Services

Wien Hall, Suite 108A
411 W. 116th Street, Mail Code 3714
New York, NY 10027

Phone (212) 854-2388 (Voice/TTY)
Fax (212) 854-3448 disability@columbia.edu
www.health.columbia.edu/ods

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: COMS 3157 - Advanced Programming Section: 002 Professor: Brian Borowski

TA Name: Xurxo Riesco TA Email: xr2154@columbia.edu

Exam Dates: (1) 2/22 (2) 4/3 (3) _____ (**must use a separate form for final exams**)

Exam Start Time: 5:00 PM (5:40pm in class)

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**
     - # Pages: 1 Size: ☑ 8.5x11 or _____ ☐ Single-sided or ☑ Double-sided
   - ☑ Additional Proctoring Instructions: Notes handwritten only; name/UNI in top right corner on side 1
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**: 60 minutes. (DS will adjust accordingly)
4. **Contact info during exam for student questions**: xr2154@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: bsb2151@columbia.edu + TA
   - ☐ 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:** **Spring 2023**

FOR DS STAFF ONLY: ☐ Exam Received

DS STAFF USE ONLY

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)

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):

_____

_____

_____

_____

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

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: _____ *(without any rest breaks)* Latest End Time: _____ *(with all rest breaks)*

Break 1 Length:_____ New End Time:_____ Break 3 Length:_____ New End Time:_____

Break 2 Length:_____ New End Time:_____ Break 4 Length:_____ New End Time:_____

Actual Exam End time: _____

Exam Time Log for Students NOT Receiving Rest Breaks

Actual Exam Start Time:_____ Expected End Time:_____ Actual End Time:_____

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: _____ # Scrap Paper Issued: _____ Used: _____ Returned: _____

#Exam Paper Issued: ____ Used:____ Returned: ____ Computer Use: YES ☐ NO ☐ Computer #: _____ Flash drive #:____

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: _____