

Accommodations Test Request Form

(for documented accommodations)

STUDENT – You are expected to complete the test within the Center’s normal operating hours

Student Name: _____ ID # _____ Phone: () _____

Instructor: _____ Instructor Telephone/Email: _____

Course: _____ Day(s): _____ Time: _____ Classroom # _____

INSTRUCTOR – One day notice is REQUIRED for all proctoring appointments.

During the test in your classroom, please check the items that are used:

Open book Dictionary Computer Notes Calculator Other: _____

How much time is your class given to take the test? _____

Answer format: Directly on exam Notebook paper Blue book (provide)

Scantron Other: _____

Student may take proctored test between _____ date and _____ date

Please specify the required accommodations (check all that apply):

A quiet room Large print Scribe or reader Audio or video support Slides

Computer Alt. media Foreign language dictionary

Extra time – not to exceed 2 times that offered the entire class

Other (please explain) _____

Advisor (circle one): Kathleen Gray Matt Liscum Chris Scarborough Other _____

At least **two days before** the test-taking window of time, the **INSTRUCTOR** will bring the test to the Testing Center. The test and this form should be placed in an envelope and given to Cathy Lewis, Marilee Jones, or Amy Rozek. If no one is available to accept the envelope, please slide it under the door of room A-119E.

I will pick up completed tests

Send test to me via interoffice mail

Instructor’s Signature: _____

Date: _____