Disability Services Test Information & Adjustment Form

STUDENT:

This form must be presented to the instructor at the class 48 hours prior to the test date. Failure to do so will prevent you from having the test proctored by the Disability Services Office.

Student: _________________________________ E-mail: _________________________________

Instructor: ________________________________ Course: ________________________________

Student Signature: _________________________ Date: ____________________________

Date and Time Student is Scheduled to Take the Test:

________________________________________

INSTRUCTOR:

Please attach this completed form to the exam.
Disability Services must receive the test at least 24 hours prior to test proctoring time.

Amount of time the full class will receive for test: ________________________________

For test integrity, instructor must check items allowed for test: ____ calculator  ____notes/cards
 ____open book  ____use of computer  ____scrap paper  ____student may keep test
 ____ other (Please be specific)

Return test to: ______________________________ Room #: _________ Phone #: ______________

Instructor Signature: _________________________ Phone: __________________ Date: __________

In order to protect the integrity of the test, this form must be completed in full before the test will be administered.

OFFICE USE ONLY:

Date _______________ Student Allowed ______ % Extra Time Time Allowed for Test __________

Test Received by ______________________________ Proctored by ________________________