

SPECIAL TESTING ACCOMODATIONS

PLEASE RETURN THIS FORM & TEST TO: TESTING SERVICES, MS 3970 or Fax 986-6032

Appointment Date: _____

Appointment Time: _____

*Scheduled Class Time: _____

*Test Time Allowed: _____

Student Information

*Student Name _____

SS # _____

*Phone Number _____

Course _____

*Instructor _____

Ext _____

MS _____

Instructor Information

Student is authorized to utilize the following items during the exam.

Calculator Notes Books Scratch Paper Other _____

Instructor Comments: _____

*Return Test via:

Campus Mail to: _____ Call for Pick-up ext.: _____ Fax to: _____

(Testing Services Use Only) Student Requirements

Extended Time Double Time Solitary Environment Reader Scribe Computer

Comments: _____

Proctor Information

Received: _____ Start Time: _____ Extended Stop Time: _____

Proctor Comments: _____

Testing instructions read to the student. Yes No

Proctor Signature _____ Date _____

Student Signature _____ Date _____

Returned: Campus Mail _____
Date/MS stop

Fax _____
Date/Fax #

Retrieved by: _____
Signature

_____ Date

NOTE: Fields with (*) must be completed before testing with accommodations can occur.