AC

TEST REQUEST FORM

The STUDENT AND PROFESSOR/INSTRUCTOR SECTIONS of this form must be completed BEFORE services are provided. This form must be turned into the Access Center at least **2 business days** before the class scheduled test/examination day. Scheduling cannot be done via electronic media.

STUDENT must complete this section. Type or print clearly.

Student's Name _____ _____
Print Name *Date*

Student's contact information (phone and/or e-mail _____

Department _____ *Course #* _____ *Course Title* _____

[ ] Zoomtext
[ ] Reader -JAWS
[ ] Interpreter
[ ] Other (specify: _____)
[ ] Writer
[ ] Computer
[ ] Extended time (_____ times normal class time)
[ ] Enlarged print

PROFESSOR/INSTRUCTOR *must complete this section. Type or print clearly.*

Please check one: *[ ] M-W-F Class* *[ ] T-R Class*
When the student is allowed to take the test (date and time period): _____

Specify if the student is allowed to use a calculator, dictionary, texts, notes, or any other assistance:

_____

ATTENTION: *Exams must arrive at our office at least 2 hours before the exam is administered.*

Please designate where the exam is to be delivered after completion (professor's office, admin. assistant, professor's departmental box, hold for pick-up, student is to deliver.) _____

_____ _____
Professor's Name (Please Print) *Professor's Signature*

_____ _____
Professor's Office Phone *Date of Signature*

Form initially received in the Access Center (initial, time, date): _____

Test returned to: _____ _____
Print Name *Signature*
Date: _____ *Time:* _____

Exam returned by: _____
Courier Signature Date Time