



**TEST REQUEST FORM**  
 Georgia Highlands College  
 SSS Disability Support  
 CONFIDENTIAL

**Directions:** Both **STUDENT AND INSTRUCTOR SECTIONS** of this form must be completed **and** turned in to Student Support Services at least **5 business days** before the date of exam in class, to allow time to coordinate a test room, proctor services & the accommodations. Thank you!

**STUDENT SECTION**

Name: \_\_\_\_\_ GHC email: \_\_\_\_\_@student.highlands.edu

Course (Ex: ENGL 1101) \_\_\_\_\_ Instructor: \_\_\_\_\_

**Course Location:** [ ] Cartersville [ ] Rome [ ] Marietta [ ] Paulding [ ] Douglasville [ ] Online

**Accommodations Requested (mark all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Text-to- Speech software (Student must bring ear buds) | <input type="checkbox"/> Distraction reduced environment           |
| <input type="checkbox"/> Computer w/spell-grammar check                         | <input type="checkbox"/> Extended Time & Amount [ ] +50% [ ] +100% |
| <input type="checkbox"/> Non-programmable calculator                            | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Enlarged Print _____ font size                         | <input type="checkbox"/> Other _____                               |

**INSTRUCTOR SECTION**

Date of exam in class: \_\_\_\_/\_\_\_\_/\_\_\_\_

Length of Exam in Class (hrs/mins) : \_\_\_\_\_

Note: SSS Staff will adjust time to reflect approved accommodations.

**How will the test be delivered to SSS?**

- Email to exambox@highlands.edu  
 Instructor or designee will deliver the exam to SSS  
 Test to be administered as a proctored online exam

**Materials allowed (mark all that apply)**

Item	YES	NO
Calculator	_____	_____
Dictionary	_____	_____
Notes	_____	_____
Textbook	_____	_____
Scantron	_____	_____

**Special Test Instructions:** \_\_\_\_\_

**ATTENTION: SSS coordinates multiple accommodated test requests, with a shared proctor pool, across 5 locations. In order to serve you better, submit exams or D2L password a day in advance whenever possible, but no later than 2 hours before the scheduled appointment. Thank you!**

\_\_\_\_\_  
 Professor's Name (Please Print)

\_\_\_\_\_  
 Professor's Signature

\_\_\_\_\_  
 Professor's Phone #

\_\_\_\_\_  
 Date of Signature

**Note: Completed exams are delivered to the instructor's mailbox.**

**OFFICE USE ONLY:**

Test scheduled for: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_am/pm Location: \_\_\_\_\_ Test Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ Test Administered on \_\_\_\_/\_\_\_\_/\_\_\_\_ from \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

Class Time Extended Time **Total Time Allowed**

Proctor's Name: \_\_\_\_\_ Test room: \_\_\_\_\_ Seat #: \_\_\_\_\_

Proctor Notes: \_\_\_\_\_

Exam returned by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_