

REQUEST FOR ALTERNATIVE TEST ADMINISTRATION

Please note the following:

- * The **student** is responsible for *completing* the first section **and** for *ensuring* his/her instructor completes the second section before returning this form to **Disability Services** (DS) in the Campus Life Center, Suite 107.
- * Disability Services is responsible for test security, proctoring, as well as test pick-up and return.
- * The Disability Services Testing Center hours are from 8:30 am to 5:00 pm Monday – Friday.
- * Please contact Disability Services at 503-5123 if you have any questions.

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a. Name: _____ Course: _____ Instructor: _____

b. I am requesting the following accommodation(s) as specified in my accommodation letter:

- extended time (50% more time) reader use of technology
 separate, low distraction room transcriber other: _____

c. Student signature: _____ Date: _____

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a. The student and I have agreed that he/she will take this test at the following date and time:

Date: _____ Time: _____

b. Coordination of test pick-up (select one of the following):

- Test will be ready:

Date: _____ Time: _____ Location: _____

- Test will be forwarded electronically to disabilitytests@uscupstate.edu no later than:

Date: _____ Time: _____

c. Location for test return: _____

Tests will be returned no later than 5:00 pm on the test date unless an earlier return is requested, or if testing is not completed until 5:00 pm.

d. The following test administration considerations apply to this test:

- open book Scantron sheet notes allowed calculator allowed
 closed book Blue Book no notes allowed other _____

e. Unaccommodated time allotted for test: 50 min. 1 hr. 15 min. other: _____

** If the above student arrives late but within 15 minutes of the scheduled test time, he/she will receive only the remaining time allotted for the test.*

** If the student arrives more than 15 minutes late, he/she will not be permitted to take the test, and will be directed to contact you.*

Please specify if you have other or additional instructions regarding the scheduling or proctoring of this test:

Instructor signature: _____ Date: _____ Extension: _____

DISABILITY SERVICES COMPLETES THIS SECTION

Accommodated time allotted for test: 1 hr 15 min 1 hr 53 min other: _____

Actual Start Time: _____ Actual Finish Time: _____

Test proctor signature: _____ Date: _____