Request for Testing with Accommodations

All exams must be scheduled at least *two* business days in advance.

Proctoring Hours:	Mondays – Thursdays	9:15am to 5:00pm	Fridays	9:15am to 2:30pm
	on Policy: No-shows and ca 24 hours in advance or as			hould be communicated to
•	orm and a new testing app	·		·
STUDENT INFORMAT	TON			
Student Name:		Tech ID#:		Phone:
Course Name:		Instruct	or Name:	
INSTRUCTOR INFORM	MATION: (Must be filled oเ	ut by the instructor)		
The class is taking this	s exam on (date):		at (time	e):
Please check one:				
☐ The student mus	st take this exam at the sar	me time as the class.		
☐ The student may	v take this exam at a differ	ent time. Exam must be f	inished by	
The class has	(minutes/hour	rs) to complete this exam	. Please do not a	dd extended time.
•	em(s) that students may u (e.g., notes, calculator, tex	•	ection is left blan	k, we will assume the student
Disability Resources)		e test is in D2L, please w		rials in the ADR (Access & notes area below. Email any
notes.				
*ADR STAFF ONLY T	esting Accommodations (check all that applies fror	n the student acc	commodation letter)
☐ Extended test time for 2			_	
☐ Extended test time for 2☐ ☐ Test in Testing Center	1.5X Exam	Date:	Pro	ctor:
☐ Test in private space	C) - at t	Timo:	П	Record Hours/Info on Excel
☐ Test in audio format	Start	Time:		·
☐ Test scribe☐ Test breaks	End T	ime:		Email Instructor
- I CSL DI Caks	End T	IIIIE		

