Disability Resources and Services

**Testing Cover Sheet**

|  |  |
| --- | --- |
| Student | Instructor |
| Class | Phone |
| Test Name | Office Location |
| Time Limit (include accommodated time) | |
| Deadline | |
| Start Initial | Drop Off Date Initial |
| Finish Initial | Pick Up Date Initial |
| Proctored By: | |

Due to limited room availability it may not be possible for student to test at specified time.

AIDES ALLOWED:

|  |  |  |
| --- | --- | --- |
| * Open Notes * Textbook | * Notecard * Formula Sheet | * Calculator * Scantron #\_\_\_\_\_\_\_\_\_ |

SPECIAL INSTRUCTIONS: (password if on computer, test sent intercampus, email)

Comments: (FOR OFFICE USE ONLY)

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