Disability Resources and Services

**Testing Cover Sheet**

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| --- | --- |
| 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 #\_\_\_\_\_\_\_\_\_
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SPECIAL INSTRUCTIONS: (password if on computer, test sent intercampus, email)

Comments: (FOR OFFICE USE ONLY)

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