

Learning Support Services

AUTHORIZATION FOR TESTING ACCOMMODATION SERVICES

STUDENT INFORMATION: (To be filled out by the student and delivered to the instructor **1 week prior** to the in-class scheduled test date). We are located in the Academic Success Center, 109 Hickory Hall.

Name: _____ Student ID#: _____

Phone: _____ E-mail _____

Course Name, Number, and Section: _____

Date and Time of scheduled test: _____

HONOR CODE: I will not share the contents of the test with other students or use a cell phone during the test. I will only use the tools that are authorized below by my instructor. Once I have seen the test, it will be completed in one sitting. I understand that the test can only be administered at Learning Support Services Monday –Friday between 8:30 and 4:00. I will make arrangements to complete my test within that time frame.

Student Signature: _____ **Date:** _____



TEST INSTRUCTIONS: (To be filled out by the instructor, attached to test, and delivered to Student Support Services **at least 24 hours** prior to scheduled test date).

Instructor's Name: _____

Phone: _____ E-mail _____

Date and Time student may take test at Learning Support Services: _____

The student may use the following tools during the test: (circle all that apply).

Dictionary Calculator Notes Textbook PC

Special Instructions: _____

TESTING POLICY: Faculty/instructors are responsible for dropping off tests at Learning Support Services/ 109 Hickory Hall. Questions/concerns regarding eligibility for testing accommodations should be directed to Deb Dickens, x3768.

Instructor's Signature: _____ **Date:** _____

Office Use Only:	
Date test was taken : ____/____/____	Date test was picked up : ____/____/____
Date test was delivered: ____/____/____	Location: _____ Staff initial: _____