Alternative Testing Request Form / Cover Sheet

Completed by Student:

_MUST BE SUBMITTED A MINIMUM of ONE WEEK in ADVANCE of the SCHEDULED TEST DATE_

Name (print): ___________________________________ Date of Request: ________________

Accommodations Requested (as approved on accommodation plan): ____________________________

Instructor Name: ___________________________________ Course: ________________________

Requested Testing Date: ________________________ Time: ________________________

*Tests will only be scheduled during the regular class period unless pre-approved by instructor

Completed by Instructor:

Instructor attaches to test and takes to Case/LSA staff at least 24 hours prior to exam date

Minutes allowed for test: _______ X 1.5 or 2.0 (as approved on accommodation plan) _______ Total

Date of test: ________________ Time of test: __________________________

Supplemental Materials Permitted (only allowable if entire class is permitted to use): ___ None

___ Text Book ___ Scratch Paper ___ Notes ___ Calculator (specify type) ________________

Special instructions: ___________________________________________________________________

Instructor signature: ___________________________________________________________________

Completed by Proctor:

CASE/LSA staff notifies instructor to pick up the completed test and retains this form in a semester file

Scheduled end time: _________ Actual Start time: _________ (late arrivals must sign reverse side)

Proctor comments: ___________________________________________________________________

Date instructor picked up test: ________________

Proctor signature: ___________________________________________________________________

LATE ARRIVALS SIGN NEXT PAGE!
ACKNOWLEDGEMENT OF LATE ARRIVAL

I understand that by arriving late, I have forfeited test-taking time. It is my responsibility to arrive early and be prepared to begin my exam at the approved scheduled time. I understand that my test will be collected at the scheduled end time, regardless of if I am finished.

Student signature: ________________________________________________________________

Time of Student Arrival: __________

Staff signature: ________________________________________________________________