

ACCOMMODATED TESTING FORM

This form should be completed and turned in for each test scheduled in FTCC Testing Center.

Please note: Students are not REQUIRED to take exams in the testing lab. It is a service available for extended time and oral and/or distraction free testing. Instructors may administer exams in classroom/instructor office or other campuses.

PLEASE PRINT ALL INFORMATION:

THE STUDENT SHOULD COMPLETE THIS SECTION:

Student name: _____ Student ID (LOLA #): L _____

Course (e.g., PSYC 2010E): _____ Instructor _____

Please submit form a minimum of 4 days before the test date. If you should need to test on a different day or time than your classmates, please have your instructor indicate their permission to do so below.

Student Signature: _____ Date: _____

I will need a reader for my exam/assignment.

THE INSTRUCTOR SHOULD COMPLETE THIS SECTION:

The Testing Coordinator will give the student the test at the scheduled time when possible. On occasion, the exam may have to be given at a time other than the one listed on this sheet. The instructor will be informed in the event this occurs.

EXAMS WILL BE FILED IN THE TESTING LAB AND CAN BE PICKED UP AT ANY TIME DURING BUSINESS HOURS. IF YOU WOULD PREFER YOUR TEST DELIVERED TO YOUR MAILBOX, PLEASE INDICATE BELOW.

Test Date: _____ Time: _____

This is a MWF course TR course Amount of time allowed in classroom for test? _____

ONLINE TEST WILL PICK UP MAILBOX DELIVERY

Special instructions (e.g., open book, calculator allowed, notes allowed, etc.) _____

Instructor's signature: _____

Exams are to be emailed to
sarina.lirette@fletcher.edu

PROCTOR USE ONLY:

Form Received Date and By (Initials): _____ Proctor By: _____

Test Administered On: _____ Start Time: _____ End Time: _____