Received	bv:	



ACCOMMODATED TESTING FORM

This form should be completed and turned in for each test scheduled in Student Services testing lab. 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:

FLEASE FRINT ALL INFORMATION:			
THE STUDENT SHOULD COMPL	LETE THIS SECTION:		
Student name:	Student ID (LOLA #):		
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 student the test at the scheduled time where the one listed on this sheet. The instructor was	MPLETE THIS SECTION: The Accommodations Coordinator will give hen possible. On occasion, the exam may have to be given at a time other than will be informed in the event this occurs. EXAMS WILL BE FILED IN THE PAT ANY TIME DURING BUSINESS HOURS. IF YOU WOULD PREFER FICE, PLEASE INDICATE BELOW.		
Date test is scheduled to be given: _	Time:		
This is a □MWF course □TR co	ourse Time allowed for test in classroom?		
□ WILL PICK UP □ PLEASE DELIVER If delivery, where would you like it delivered?			
Special instructions (e.g., open book	, calculator allowed, notes allowed, etc.)		
Instructor signature:Exams may be emailed to our office to angie.pellegrin@fletcher.edu or summer.arcemont@fletcher.edu			
THE DROCTOR SHOULD COMPLE	TE THE SECTION.		
THE PROCTOR SHOULD COMPLE	TE THIS SECTION:		
Proctor:			
Test administered Date:	Time (From/To):		