

Office of Disabilities Services
Test Cover Sheet
(Testing hours are from 8:30- 4:30 Monday through Friday)
(Professor fills out below)

Class: _____ Professor: _____ Ext: _____

Test Date: _____ **Scheduled start time of test:** _____

How long does the class have to finish test? _____

Alternate Test Time/Date (if applicable): _____

(Instructor's permission required. Extended time as an accommodation is best used immediately prior or following class exam time)

Student Name(s):

Standard Test Procedures (Professor only, please check):

Closed Book	Y <input type="checkbox"/> N <input type="checkbox"/>	Calculator	Y <input type="checkbox"/> N <input type="checkbox"/>	Notes	Y <input type="checkbox"/> N <input type="checkbox"/>
Open Book	Y <input type="checkbox"/> N <input type="checkbox"/>	3 X 5 with Notes	Y <input type="checkbox"/> N <input type="checkbox"/>	Dictionary	Y <input type="checkbox"/> N <input type="checkbox"/>
Other	Y <input type="checkbox"/> N <input type="checkbox"/>	8 ½ x 11 sheet with notes	Y <input type="checkbox"/> N <input type="checkbox"/>		

Test Delivery (Professor only, please check)

- Hand deliver by professor (in sealed envelope)
- Hand deliver by student (in sealed envelope)
- Confidential email to rdurrington@desu.edu

Test Return (Professor only, please check)

- Professor pick up from ODS (in sealed envelope)
 - Student delivered to professor or department (in sealed envelope)
- (This Office will not put any test through interoffice mail)*

Additional Notes from Professor

Signature of Student: by signing this form you have been given the above instructions and agree to it.

Name: _____

Date: _____

(Any questions contact Roberta C. Durrington ph 857.7304 or rdurrington@desu.edu, fax 857.7637)