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 □ N □  Calculator  Y □ N □  Notes  Y □ N □
Open Book  Y □ N □  3 X 5 with Notes  Y □ N □  Dictionary  Y □ N □
Other  Y □ N □  8 ½ x 11 sheet with notes  Y □ N □

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)