Test Cover Sheet for Taking Tests - Library
From Office Student Accessibility Services (formerly Office of Disabilities Services)

Needed for all tests and/or quizzes
Testing hours are from 8:30am to 4:30 Monday thru Friday (test need to finish by 4:30)

(Professor fills out below)- 2 day notice must be given to the Library for ALL tests

Class: ________________________________  Professor: ____________________  Ext: ___
Test Date: ___________________________  Scheduled start time of test: ________________
Alternate Test Time/Date (if applicable-Instructor’s permission required): ________________

Student Name: ________________________________________________________________

☐ Time and Half  ☐ Double Time  ☐ Enlarged Test  ☐ Enlarged Test on Computer

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 ☐

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Test Delivery (Professor only, please check)
☐ Hand delivered by professor or staff member from dept.
☐ Confidential email to Roberta C. Durrington  rdurrington@desu.edu
☐ Confidential fax of test (857) x7637

Test Return (Professor only, please check)
☐ Professor pick up from Library -in sealed envelope
☐ Student taking test will deliver the test back to professor in a sealed/signed envelope

Additional Notes from Professor
________________________________________________________________________________
________________________________________________________________________________

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

Student: _____________________________  Professor’s: _____________________________
Date: _______________  Date: _______________
Proctor’s Name: __________________________________

(Questions about accommodations contact Roberta C. Durrington rdurrington@desu.edu or 857.7304)