**Test Cover Sheet**
From Office Student Accessibility Services (formerly Office of Disabilities Services)

*Needed for all tests and/or quizzes*

**Testing Center Only (Thomasson Bldg)**
Testing hours are from 8:30am- must start test by 4:00 on Tuesday through Thursday

(Professor fills out below) **3 day notice must be given to the Testing Center 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: __________________________________________________

*******Total amount of time student has to complete the Test: _________ hours/minutes*******

**Standard Test Procedures (Professor only, please check):**

<table>
<thead>
<tr>
<th>Standard Test Procedures</th>
<th>Y □ N □</th>
<th>Y □ N □</th>
<th>Y □ N □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed Book</td>
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<tr>
<td>Calculator</td>
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<tr>
<td>Open Book</td>
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<tr>
<td>3 X 5 with Notes</td>
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<tr>
<td>Other</td>
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<tr>
<td>8 ½ x 11 sheet with notes</td>
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</tbody>
</table>

Test Delivery (Professor only, please check)

✓ Please have tests completed 1 week prior to day when midterm grades are due

☐ Hand delivered by professor or staff member from dept. - need to sign in test at Testing Center
☐ Confidential email to BOTH jwhitaker@desu.edu Mr. James Whitaker and Mr. Perrine
   jperrine@desu.edu
☐ Confidential fax of test (857) x6142

Test Return (Professor only, please check)

☐ Professor pick up from Testing Office -in sealed envelope
☐ Test to be delivered through interoffice mail (final exams can not be delivered this way)
☐ Student taking test will deliver the test back to professor in a sealed/stamped envelope

Additional Notes from Professor
__________________________________________________________________________________
__________________________________________________________________________________

Signature of Professor:

Professor’s: __________________________
Date: ________________.

Proctor’s Name: __________________________

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