



**Test Administration for Students with Disabilities
The Learning Commons**

Once completed, please attach this form to the test/quiz and deliver to LC support staff. We would appreciate at least 24 hours' notice so we may plan for time/space in the Testing Center.

Date test will be taken: _____ **Time:** _____

Student's Name: _____

Professor's Name _____ Course: _____

Time Allowed: up to 1 ½ x class test time = _____ (e.g. 50 min. x 1 ½ = 75 Min.)

****Please allot enough time for student to finish test by 3:30pm. Student may come as early as 8:30am. Testing does not have to occur during class time**.**

NOTE: If a proctor or reader is requested, the student is responsible for making prior arrangements. **Test will be closed book and closed notes unless specified below.**

Check all that apply:

____ Calculator ____ Text book ____ Formula Sheet ____ Class notes & handouts
____ Spellchecker or Dictionary Other (please specify): _____

Method of Return to Professor: **Please check one.**

____ Professor will pick up by: _____

____ LC Staff will deliver test to faculty mailbox.

Date Taken: _____ Time In: _____ Time Out: _____

Date & time delivered: _____ LC Initials: _____