**STUDENT SECTION**

Student ID Number: G00000000

Student Name: ____________________________

Course Title: _______________________________

Instructor's Name: ___________________________

**INSTRUCTOR SECTION**

CRN: _______ Section: _______ Test Date(s): _______ Time Limit: _______

*Test must be taken by this date*

Please note below whether the student is allowed to use any or all of the following:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculator</td>
<td>Private Test Area</td>
</tr>
<tr>
<td>Notes</td>
<td>Specialized Testing</td>
</tr>
<tr>
<td>Book</td>
<td>Equipment [please specify below]</td>
</tr>
<tr>
<td>Extended Time (per instructor approval)</td>
<td>Other [please specify below]</td>
</tr>
</tbody>
</table>

Other instructions: ____________________________

X ____________________________

INSTRUCTOR SIGNATURE DATE PHONE NUMBER DEPARTMENT/BUILDING NUMBER

**TEST/EXAM RETURN INSTRUCTIONS SELECTION**

Instructor will personally pick up test/exams from the Assessment/Testing Center: _______ Intercampus mail delivery: _______

**IF TEST IS NOT TAKEN BY DATE MENTIONED ABOVE THE TEST SHOULD BE:**

______ HELD UNTIL NOTIFIED BY INSTRUCTOR ______ RETURNED IMMEDIATELY

Additional comments: ____________________________

**FOR OFFICE USE ONLY ASSESSMENT/TESTING CENTER STAFF SECTION**

Date test(s) arrived: ____________________________ Signature: ____________________________

Date test(s) returned: ____________________________ Signature: ____________________________

☐ Referred to the Disability Resource Center ☐ Returned untested Revised: 08/2009