

## Disability Services Center Test Administration Form

### FOR STUDENT COMPLETION:

*Student: Please return this form to the Disability Services Center at least 3 days before your exam.*

**Name:** \_\_\_\_\_ **J#:** \_\_\_\_\_

**Accommodations Needed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR INSTRUCTOR COMPLETION:

*Instructor: Please deliver the exam to the Disability Services Center at least 1 day before the scheduled exam date. STANDARD Test Time is the amount of time students receive in the classroom. Exam Date and Start Time should reflect when the student will complete their exam in the Disability Services Center.*

**Name:** \_\_\_\_\_

**Phone # (during exam):** \_\_\_\_\_ **Room # (during exam):** \_\_\_\_\_

**Course:** \_\_\_\_\_ **Standard Test Time:** \_\_\_\_\_

**Exam Date:** \_\_\_\_\_ **Exam Start Time:** \_\_\_\_\_

**Materials allowed in the exam room:** \_\_\_\_\_

**Exam Delivery Method:** (check one)

Instructor Drop Off: ☐ E-mail ([adaservices@jsums.edu](mailto:adaservices@jsums.edu)): ☐ Grad Asst. Pick-Up: ☐

**Exam Return Method:** (check one)

Instructor Pick-Up: ☐ Delivery to Mailbox (RM# \_\_\_\_\_): ☐ Delivery to Office (RM # \_\_\_\_\_): ☐

**Special Instructions:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Please contact the Disability Services Center with any questions regarding the test administration process. \*\***

### TO BE COMPLETED BY THE DISABILITY SERVICES CENTER

**Delivery Date:** \_\_\_\_\_ **Key #:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_ **Return Method:** \_\_\_\_\_ **Signature:** \_\_\_\_\_