



**TEST SCHEDULING FORM**

**ALL REQUESTS MUST BE SUBMITTED SEVEN (7) DAYS BEFORE THE DAY OF THE TEST**

Today's Date: \_\_\_\_\_

Student Use Only

Name: \_\_\_\_\_  
 NSHE: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Class Name/Number/Section: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Campus Location: \_\_\_\_\_

**For DRC Scheduling Purposes Only:**  
 Scheduled Test Date/Time/Location: \_\_\_\_\_  
 \_\_\_\_\_

Professor Use Only

Please deliver the exam to the DRC **prior to the day and time the exam** is to be administered. Once administered, the exam will be held at the DRC until it is retrieved by the professor. If this is not possible, please contact the DRC to make other arrangements.

<b>Authorized by Instructor Please check all that apply</b>	Yes	No
Computer		
Blue Book		
Scrap Paper		
Calculator (4-function or graphic)		
Notes		
Formulas		
Open Book		
Scantron		
Spelling Dictionary		
Specific Instructions (Web-based exam – Please Specify):		
Instructor Comments:		

<b>Exam Accommodations @ DRC</b>		
<b>Please check all that apply</b>		
	Requested by Student	Approved by DRC
Time X 1.5		
Time X 2.0		
Testing Room		
Reader		
Scribe		
Computer		
Scantron Assist		
ADA Technology		
Visual Technology/CCTV		
Spelling Dictionary		
Calculator		
Enlarged Print		
Oral Interpreter		
Sign Language Interpreter		
Real Time Captioning		
Typewell Transcriber		

Professor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please Complete For DRC Scheduling Purposes:**

Time Allowed **In-Class** for the Test: \_\_\_\_\_

Testing Date/Time Window Opens: \_\_\_\_\_

Testing Date/Time Window Closes: \_\_\_\_\_

**Select Return Delivery Method:**

\_\_\_\_\_ Instructor Pick up

\_\_\_\_\_ Scanned (via secured email)

\_\_\_\_\_ Mail to Sort Code - Sort Code: \_\_\_\_\_

Staff Use Only:

Test Start Time: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Test End Time: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Professor Signature: \_\_\_\_\_

**TEST PICK UP ONLY**

Professor Pick-Up Signature: \_\_\_\_\_ Date: \_\_\_\_\_