TEST SCHEDULING FORM
STUDENT MUST SUBMIT REQUESTS SEVEN (7) DAYS IN ADVANCE

Student Use Only

Name: ________________________________
NSHE: __________________________________
Phone: ____________________________________
Class Name/Number/Section: __ / __ / __
Campus Location: ____________________________

Exam Accommodations @ DRC

Please check all that apply

<table>
<thead>
<tr>
<th>Requested by</th>
<th>Approved by DRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculator</td>
<td></td>
</tr>
<tr>
<td>Extended Time X 1.5</td>
<td></td>
</tr>
<tr>
<td>Extended Time X 2.0</td>
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<tr>
<td>Quiet Testing Room</td>
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<tr>
<td>Reader</td>
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<tr>
<td>Scantron Assist</td>
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<tr>
<td>Scribe</td>
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<tr>
<td>Spelling Dictionary</td>
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<tr>
<td>ADA Technology</td>
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<tr>
<td>Visual Technology/CCTV</td>
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<tr>
<td>Interpreter/Speech-to-Text</td>
<td></td>
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</tbody>
</table>

Instructor Use Only

Authorized by Instructor
Please check all that apply

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer</td>
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</tr>
<tr>
<td>Blue Book</td>
<td></td>
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<tr>
<td>Scrap Paper</td>
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</tr>
<tr>
<td>Calculator (4-function or graphic)</td>
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<tr>
<td>Notes</td>
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<tr>
<td>Formulas</td>
<td></td>
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<tr>
<td>Open Book</td>
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<tr>
<td>Scantron</td>
<td></td>
</tr>
<tr>
<td>Spelling Dictionary</td>
<td></td>
</tr>
<tr>
<td>Interpreted to ASL – Instructions Only</td>
<td></td>
</tr>
<tr>
<td>Interpreted to ASL – Entire Test</td>
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</tr>
</tbody>
</table>

Additional Testing Instructions/Comments:

Please Complete This Section For

DRC Scheduling Purposes:
Time Allowed In-Class for the Test: ________________
Testing Date/Time DRC Window Opens: _________________________
Testing Date/Time DRC Window Closes: _________________________

Select Return Delivery Method:

Instructor Pick up
Online Exam – electronic submission
Scanned (to email instructor lists below)
Mail to Sort Code - Sort Code: _________________________

Instructor Name: ________________________________
Phone: _________________________________________
Email: _________________________________________
Instructor Signature: ______________________________
Date: __________________________________________

Your Exam Has Been Scheduled On:
Day: _____________________________
Date: _____________________________
Time: _____________________________
Location: ___________________________
DRC Staff Name: _____________________

Test Start Time: ___________ Staff Initials: _______________
Test End Time: ___________ Staff Initials: _______________

Emailed Test Request ___________ ___________

TEST PICKUP ONLY
Instructor Pick-Up Signature: ____________________ Date: ___________

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