



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		
	Requested by Student	Approved by DRC
Calculator		
Extended Time X 1.5		
Extended Time X 2.0		
Quiet Testing Room		
Reader		
Scantron Assist		
Scribe		
Spelling Dictionary		
ADA Technology		
Visual Technology/CCTV		
Interpreter/Speech-to-Text		

Staff Use Only: _____ Total Minutes Allowed

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 _____

Instructor Use Only

Authorized by Instructor Please check all that apply	Yes	No
Computer		
Blue Book		
Scrap Paper		
Calculator (4-function or graphic)		
Notes		
Formulas		
Open Book		
Scantron		
Spelling Dictionary		
Interpreted to ASL – Instructions Only		
Interpreted to ASL – Entire Test		
<u>Additional Testing Instructions/Comments:</u>		
<u>Please Complete This Section For</u>		
<u>DRC Scheduling Purposes:</u>		
Time Allowed In-Class for the Test: _____		
Testing Date/Time DRC Window Opens: _____		
Testing Date/Time DRC Window Closes: _____		
<u>Select Return Delivery Method:</u>		
_____ 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: _____		

TEST PICKUP ONLY

Instructor Pick-Up Signature: _____ Date: _____