

TESTING ACCOMMODATION REQUEST

PLEASE NOTE: Exams are given only between 9:00 a.m. and 4:00 p.m.
All exams must be complete by 4:00 p.m.

After the instructor completes the reverse side of this form, the **student** should return the form to **Office of Learning Services**. For more information, call 872-3178 or stop by Room 348, Lyle Hall.

To Be Completed by the Student:

Student Name _____ Phone _____
MU ID Number _____ Today's Date _____
Course ID _____ Instructor _____

When will you take this test in the Office of Learning Services? (enter information below)

(The Office of Learning Services will make every effort to provide you with requested exam date and time.)

Day (circle one) ☞ Monday Tuesday Wednesday Thursday Friday
Date _____ Time _____

Testing Accommodation(s) Needed (check all that have been approved for you; if any of your approved accommodations are not listed, write them in the last column):

extended time _____ writer for the test _____
distraction-free site _____ tape recorded test _____
reader for the test _____ need to use computer _____



IMPORTANT



**IF THE OFFICE OF LEARNING SERVICES DOES NOT RECEIVE AT
LEAST THREE (3) WORKING DAYS' NOTICE, YOU MAY HAVE TO TAKE
THE TEST WITH THE REST OF YOUR CLASS**
(time is needed to schedule a room and/or proctoring)

Please Note

TESTS WILL BE PROCTORED. ANY EVIDENCE OF CHEATING OR USE OF UNAUTHORIZED MATERIALS WILL RESULT IN IMMEDIATE CONFISCATION OF TEST AND UNAUTHORIZED MATERIALS. ALSO, IMMEDIATE NOTIFICATION WILL BE MADE TO THE DIRECTOR OF LEARNING SERVICES AND TO THE PROFESSOR.

STUDENTS ARE EXPECTED TO CONTACT THE OFFICE OF LEARNING SERVICES IF THEY ARE UNABLE TO KEEP THE ASSIGNED EXAM TIME. STUDENTS WHO DO NOT CONTACT THE OFFICE OF LEARNING SERVICES AND/OR DO NOT SHOW UP FOR A SCHEDULED EXAM MAY BE REQUIRED TO MAKE OTHER TESTING ARRANGEMENTS WITH THEIR PROFESSORS.

**** Your instructor completes the reverse side of this form ****

To Be Completed by the Instructor:

The **student** must return **completed, signed** form to Office of Learning Services **three (3) working days prior to the test.** **TEST TIMES:** Tests taken in Office of Learning Services may begin no earlier than **9:00 a.m.** and must be **completed by 4:00 p.m.**


Method of Conveying Test to Learning Services: *(please check one and provide date/approx. time)*

Instructor/designee **delivers** test to Office of Learning Services: Lyle Hall Room 348
 Instructor **faxes** test to Office of Learning Services at: 871-2129
 Instructor **e-mails** test to Office of Learning Services at: learning.services@millersville.edu

ON: Date _____ Approx. time _____

Test Requirements *(Please check all items that apply to this test and add any other special information):*

Notes Allowed Open Book Calculator Allowed Computer Needed
 All test materials must be returned (including scratch paper) Internet Access Allowed
 Other *(please specify):* _____

 **What is the normal length of time allowed for this test?** _____

Method of Returning Test to Instructor: *(If no method is selected, campus mail method will be used)*

Instructor (or designee) picks up test from Office of Learning Services, Lyle Hall, Room 348 on: (date) _____
 Office of Learning Services returns test to instructor in sealed/signed confidential envelope via campus mail

REQUIRED *(Please note: all information in this block must be completed)*

Instructor's Signature: _____ Date: _____ Tele #: _____

Instructor May Retain this Portion as a Reminder

Student Name: _____ Test to be conveyed date & time _____

Method of conveying test to Office of Learning Services (Lyle Hall Rm 348) _____

Learning Services Info: tele: 872-3178 fax: 871-2129 e-mail: learning.services@millersville.edu