

ALTERNATIVE TEST 6 & + (' 8 / , 1 * FORM

ONLY for students with disabilities who have delivered accommodation memos to their professors which specify alternate testing for the current semester.

Instructions:

Student brings form to professor one week in advance of test.

Student submits form WR WKH \$ F D G H P L F p o x t o t h e t e s t d a t e . Q W H U

/ D W H V X E P L V M E R D W M P D X G H Q W W R D W L N C H D W W K H U H T X H V W H G W L P H

Tests are given between the hours of 8:30 and 4:30pm.

TO BE COMPLETED BY STUDENT

Student name: _____

Course number : _____

TO BE COMPLETED BY FACULTY

Faculty name: _____ Faculty phone: _____

Faculty email: _____

DATE OF TEST _____ TIME OF TEST _____

How much time does your class get for the test? hours _____ minutes _____
(ASC will apply extended time for this student)

In order to allow us flexibility in our scheduling, please also V H O H F W a g e n e r a l e d t i m e o f day for this student (6 H O H e n):

Anytime (8:30 -4:30)

Morning (8:30-Noon)

Afternoon (Noon-4:30)

Student may use the following equipment/materials during the test:

_____ NONE _____

Special Instructions or requests: _____

Test Delivery Instructions: _____

_____ I will email the exam to the Academic SuccessCenter (asc@strose.edu) 24 hours before the test date.

_____ Test is on: _____ & D Q Y D V _____ Maple _____ Other

_____ I will deliver the test 24 hours before the test date to the Academic SuccessCenter (Saint Joseph Hall second floor)

Test Return Instructions _____ :

TO BE COMPLETED BY THE ~~10,887~~5 :

Date form received by ASC _____

ASC room assigned: _____

Time test started: _____