Please complete this form and include when sending tests to the SDRS office.

Course and Section #:_______________________________________________________

Location for test to be returned:_____________________________________________

Instructor Name:________________________________________________________________

Instructor Contact (phone/email): ______________________________________________

Date of Exam:_________________________________________________________________

Time exam is scheduled for the class. ______________

Time Allotted for exam in classroom: _________
SDRS will calculate the amount of time student is allowed to test based on their accommodations.

If student is a no-show, do you want the exam returned the same day?: Yes or No

Student Name(s): _____________________________________________________________

Can the student(s) write on the exam? Yes or No

Can the student(s) use anything other than pen or pencil, scantron and/or bluebook on this exam? Yes or No

If yes, please check any of the following that are allowed for the student taking this exam.

_______ Student may keep exam
_______ Open Book
_______ Handwritten Notes
_______ Speller/spell check
_______ Class notes/Note cards
_______ Periodic table
_______ Thesaurus
_______ Dictionary
_______ Rulers/scales
_______ Formula Sheets (please describe quality/quantity i.e. one 3x5 card)
_______ Calculator (please be specific about type allowed)
_______ Other:

_______________________________________________________________________________

Instructor’s Signature __________________________ Date ____________________________