TEST ACCOMMODATION FORM
ALL INFORMATION MUST BE COMPLETED TO SCHEDULE A TEST

STUDENT
STUDENT MUST RETURN THIS COMPLETED FORM BEFORE TEST CAN BE SCHEDULED

Name ___________________________ UWF MAIN _____ FWB _______
Course ___________________________ Actual Class Time _________ to ________

Accommodation(s) Requested
Private Room_____ Proctor_____ Reader____ Reader_____ Scribe____ Large Print____
Taped exams (exam must be received 2 days prior to exam)____
Extended time____
Adaptive Computer, Equipment or Other (please specify) ________________

DSS requests 24 hours advanced notice for cancellation of exams. Cancelled exams are immediately returned to the professor unless he/she provides written or verbal approval to DSS. STUDENTS HAVE A RESPONSIBILITY TO MAINTAIN ACADEMIC INTEGRITY & HONESTY. STUDENTS VIOLATING ACADEMIC HONESTY STANDARDS (I.E. CHEATING) WILL BE REFERRED TO THE STUDENT CONDUCT SYSTEM.

I have read these statements and agree to DSS testing practices.

Student Signature ___________________________ Date______________

INSTRUCTOR
All information needs to be completed to insure test accommodations

Professor’s Name ___________________________ Office Location_______ Phone # ____________

Time allotted for In-Class Exam ________________ Date of In-Class Exam ________________

How DSS Will Receive the Exam
_DSS pick up at 10 am_or 2 pm_on_______(date) _DSS to return exam at 10 am or 2 pm
_Instructor to drop off exam at ____________________ _Instructor to pick up exam
_Student delivers exam to ________________ _Student returns exam in sealed envelope

In case of scheduling difficulties (i.e. no testing room available, student has another class to attend) may we:
1. schedule exam on same day, but different time? Yes___ No___ (Initial____ )
2. schedule exam on different day other than test date? Yes___ No___ (Initial____ )

Administration of Exam
Open Book: Yes____ No___ (Initial____ ) Calculator Allowed: Yes____ No___ (Initial____ )
Open Notes: Yes___ No___ (Initial____ ) Dictionary Allowed: Yes___ No___ (Initial____ )
Other(_) ______________________ (Initial____ )

Comments ____________________________________________________________ (Initial____ )

Instructor Signature ___________________________ Date______________

STAFF INFORMATION

Test Date____ Test Time____ Test Room _______ Test Scheduled by_____
Reader/Scribe________
Actual Test Date________ Time Began ___________ Time End ___________ Staff________
Comments ____________________________________________________________

Test Returned to __________________________ By __________________ Date ____________