

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 M _____ Today's Date _____

Course ID (i.e., ENGL 110.01) _____ Instructor _____

When would you like to 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 only those 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 circle **all** items that apply to this test and add any other special information):

Notes Allowed: Yes / No **Book(s) Allowed:** Yes / No **Calculator Allowed:** Yes / No

Computer Needed: Yes / No **Internet Access Allowed:** Yes / No

All test materials must be returned (including scratch paper): Yes / No

Other Instructions (please specify): _____

Λ 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