

For office use only Room # _____ Exam started: _____ Exam ended: _____

TESTING ACCOMMODATION REQUEST

PLEASE NOTE: Exams are given between 8:30 a.m. and 4:30 p.m, Monday through Friday. All exams must be completed by 4:30 p.m. After the instructor completes the reverse side of this form, the **student** returns the form to Office of Learning Services. For more information, call 717-871-5554 or stop by Room 352, Lyle Hall.

To Be Completed by the Student:

Student Name _____ Phone _____

MU ID Number M Today's Date _____

Course Name/
Number _____ Instructor _____

When would you like to take this test in the Office of Learning Services? The Office of Learning Services will make every effort to meet your requested date and time.

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)

<input type="checkbox"/> extended time	<input type="checkbox"/> writer for the test	_____
<input type="checkbox"/> distraction-reduced site	<input type="checkbox"/> tape recorded test	_____
<input type="checkbox"/> reader for the test	<input type="checkbox"/> need to use computer	_____

▼▼▼ IMPORTANT ▼▼▼

- 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 or do not show up for a scheduled exam may be required to make other testing arrangements with their professors.
- If the Office of Learning Services does not receive at least three working days' notice, you may have to take the test with the rest of your class.
- **Final Exams** should be scheduled ten business days prior to finals week. **Final exams are scheduled only at 9:00 a.m., noon or 1:00 p.m.** to maximize use of our testing rooms. Please call our office if you have questions about choosing a time for your exam.

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

To Be Completed by the Instructor:

The **student** must return this completed, signed form to the Office of Learning Services three working days prior to the test. Tests taken in Office of Learning Services may begin no earlier than 8:30 a.m. and must be completed by 4:30 p.m.

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

- Instructor/designee **delivers** test to Office of Learning Services: Lyle Hall Room 352
- Instructor **faxes** test to Office of Learning Services at: 717-871-7943
- Instructor **e-mails** test to Office of Learning Services at: Learning.Services@millersville.edu
- Instructor will have test in **D2L/ online**

ON: Date _____ Approx. time of delivery _____

Test Requirements *(Please circle all items that apply to this test and add any other special information needed. All phones and other electronic devices will be held in our office during testing unless otherwise noted.)*

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

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

New scantron needed? *(our office can provide them)* 50 Q 100 Q 200Q

Other Instructions *(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 352 on: (date) _____

Office of Learning Services scans the completed test to instructor's MU email before mailing to instructor in sealed/signed confidential envelope via campus mail.

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 352) _____