	For office use only	Room #	Exam started:	Exam ended:
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TESTING ACCOMMODATION REQUEST

PLEASE NOTE: Exams are given between 9:00 a.m. and 4:00 p.m. All exams must be completed by 4:00 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.

tudent Name	Phone
MU ID Number M	Today's Date
Course ID (i.e., ENGL 110.01)	Instructor
·	meet your requested date and time. Time
Date	Time
Date	

- 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 9:00 a.m. and must be completed by 4:00 p.m.

Method of Conveying Test to Le	earning Services: (please check	one <u>and</u> provide date/approx. time)
Instructor faxes test to Office of	of Learning Services at:	717-871-7943
ON: Date App	prox. time of delivery	
Test Requirements (Please circle	all items that apply to this test and	add any other special information needed):
Notes Allowed: Yes / No Bo	ook(s) Allowed: Yes / No	Calculator Allowed: Yes / No
Computer Needed: Yes / No	Internet Access Allowed:	Yes / No
Other Instructions (please specify):		
What is the <u>normal</u> length o	f time allowed for this test?	
Method of Returning Test to Ins	tructor: (If no method is selected	, Campus Mail method will be used)
Instructor (or designee) pick (date)	•	ng Services, Lyle Hall, Room 352 on:
•	scans the completed test to in confidential envelope via camp	nstructor's MU email before mailing to ous mail.
Office of Learning Services r Campus Mail	eturns test to instructor in sea	led/signed confidential envelope via
REQUIRED (Please note: all	information in this block must b	e completed)
Instructor's Signature:	Date:	Tele #:
	r May Retain this Portion as	a Reminder
Student Name:	Test to be conveved d	ate & time
Method of conveying test to Office	of Learning Services (Lyle Ha	all Rm 352)