

EXAMINATION REQUEST

UNIVERSITY TESTING CENTER

Math Rm. 201; Box T-0940; Phone: 968-9423 Fax: 968-9668

ATTENTION STUDENTS: Please read the testing procedures on reverse side.
The exam will not be scheduled until this form is completed and returned to University Testing, Math Rm. 201, at least 1 week in advance. Please complete information below.

For Student Use Only

Name: _____ ID#: _____ Today's Date: _____

Email: _____ Phone () _____ Alternate () _____

Course Name & #: _____ Class Scheduled Exam Date: _____ Time: _____

Requested Testing Date: _____ Requested Time: _____

For Instructor Use Only

If additional resources are needed, please check the box & initial the blank!! Must have BOTH in order to be valid.

<input type="checkbox"/> _____ Calculator	<input type="checkbox"/> _____ Scratch Paper
<input type="checkbox"/> _____ Graphing Calculator	<input type="checkbox"/> _____ Tables
<input type="checkbox"/> _____ Note Card	<input type="checkbox"/> _____ Formulas
<input type="checkbox"/> _____ Notes	<input type="checkbox"/> _____ Textbook
<input type="checkbox"/> _____ Other (specify) :	

Exam to be delivered by:

Return exam by:

<input type="checkbox"/> Email: testing@tarleton.edu	<input type="checkbox"/> Pick up by instructor/staff member
<input type="checkbox"/> Hand deliver by instructor (Math 201)	<input type="checkbox"/> Interdepartmental Mail (Box # _____)

Instructor: _____ Signature _____

Email: _____ Phone: _____ T-Box: _____ Date: _____

For University Testing Use Only

<input type="checkbox"/> Scheduled Date: _____ Time: _____ Room: _____ Proctor/Scribe/Reader: _____
<input type="checkbox"/> Test Reminder to Instructor: Date: _____ Time: _____ By: _____
<input type="checkbox"/> Test Received Date: _____ Time: _____
<input type="checkbox"/> Test Time allowed: _____ Start: _____ Stop: _____
<input type="checkbox"/> Contacted for pick-up _____ Called: _____ Emailed: _____
<input type="checkbox"/> Date Test Picked-Up: _____ By: _____

Approved exam accommodations for student:

<input type="checkbox"/> Extended Time (unless time is being tested)	<input type="checkbox"/> Use of speak and type software
<input type="checkbox"/> Non-Distractive Environment	<input type="checkbox"/> Calculator
<input type="checkbox"/> Braille	<input type="checkbox"/> Scribe
<input type="checkbox"/> Reader	<input type="checkbox"/> Use of a spell check device
<input type="checkbox"/> Use of a computer for typing only	<input type="checkbox"/> Other _____

University Testing Procedures:

Students requesting testing accommodations at the Testing Center must obtain an “EXAMINATION REQUEST FORM” from the Testing Center.

1. Please complete all student information at the top of the request form.
The Testing Center is open from 8-12 & 1-5 M-F. An exam will **ONLY** be given from 12-1 if the instructor designates that hour. Please use the Time Schedule provided to complete your request.
2. Once, student portion is complete the student must have the Instructor’s portion filled out completely w/signature.
3. Student should return the “EXAMINATION REQUEST FORM” to the Testing Center at least one week before exam date. (Most exam dates are on the class syllabus!)
4. Students are responsible for bringing all approved items with them to the exam unless provided by instructor. University Testing Center **does not** provide calculators or scantrons.
5. The University Testing Center reserves the right to deny a request if the following procedure is not completed or if it is not turned in within a reasonable time to provide the accommodation(s) needed.
6. If a student is more than 15 minutes late (According to UT time) the exam will not be administered until the instructor has given permission to do so.
7. Please remember that there are no CELL PHONES, food or drinks (including water) allowed in the testing rooms.

<u>ClassTime</u>	<u>Time & 1/2</u>	<u>Stop Time</u>
<u>MWF</u>		
8:00-8:50	25	9:15
9:00-9:50	25	10:15
10:00-10:50	25	11:15
11:00-11:50	25	12:15
12:00-12:50	25	1:15
1:00-1:50	25	2:15
2:00-2:50	25	3:15
3:00-3:50	25	4:15
<u>T/TR</u>		
8:00-9:15	40	9:55
9:25-10:40	40	11:20
10:50-12:05	40	12:45
1:00-2:15	40	2:55
2:25-3:40	40	4:20