

INSTRUCTOR ACCOMMODATION FORM

University Testing • Arkansas Tech University

Student Name _____

EXAM TYPE

Course # _____ Section # _____

Paper Based

Computer Based

Password: _____

Instructor Name _____

ACCOMMODATIONS

Rationale for Accommodation: _____

(Required for Instructor Accommodation)

TEST DELIVERY *(Note: Examinees may not deliver exam; no campus mail)*

Instructor/Designated Drop-off Email (utds@atu.edu) Fax (968-0375)

TEST WINDOW SCHEDULED CLASS TIME _____

Student may begin test no earlier than:

Date _____ Time _____ a.m. p.m.

Student must end test no later than:

Date _____ Time _____ a.m. p.m.

Standard time given for this exam: _____

(How long do other students have to complete this exam?)

ALLOWED TESTING TOOLS

Notes Calculator Ruler Dictionary Translator Software Extra Time

3x5 Index Card Spell Checker Textbook Formula Sheet

Other: _____

TEST PICKUP *(Note: Examinees may not deliver exam; no campus mail)*

Instructor/Designated Pickup Return by Disability Services

Instructor Preferred Contact # _____

Received Signature _____

Date _____ Time _____

University Testing • 479-968-0302 • Doc Bryan Suite 141

For Office Use Only:

Notes:

Start _____ Initials _____

Finish _____ Initials _____

Date _____