This section is to be **completed by the student and submitted to Instructor** two weeks prior to scheduled test.

Student Name: ___________________________ Today’s Date: ___________________________

Instructor Name: ___________________________ Class: ___________________________

Test Day, Date & Time: ___________________________

---

**To be completed by Instructor and submitted to Office of Disability Services** 5 days prior to scheduled test.

Disability Services must have the **TEST** at least 24 hours prior to the scheduled testing session.

Test: □ is attached □ will drop off □ will send attachment email to pamela.harrison@mac.edu

Exam Time Limit: Indicate the **standard amount** of time allowed for in-class testing:

- [ ] 75 minutes
- [ ] 160 minutes
- [ ] Other: ________ minutes

Open Book: [ ] Yes [ ] No
Dictionary: [ ] Yes [ ] No
Thesaurus: [ ] Yes [ ] No
Class Notes: [ ] Yes [ ] No
Scratch Paper: [ ] Yes [ ] No
Calculator: [ ] Yes [ ] No

Type of Calculator: ___________________________

If a computer/reader/scribe is needed, it will be allowed/provided based on their needs per his/her documentation.

Other specific instructions:

Where can you be contacted if there are questions during the exam?

__________________________________________________________________________

How would you like the test returned?

- Student delivery in sealed envelope, signed-over by DSS: □
- Hold in DSS for instructor pick up: □

Instructor Signature: ___________________________ Telephone #: ___________________________

---

For **Office of Disability Services** use only

Test received on date: ___________________________ Test given on date: ___________________________

Proctor: ___________________________ Test returned on date: ___________________________

Rev. 2.2016