TEST ACCOMMODATION FORM

Instructor: Please complete this form and include with the test.

_________________________________  ______________  __________
Student Name     Course   Course Time

EXAM DATE AND TIME

_________  _________

ADMINISTRATION OF EXAM

Yes  No

Is the exam open book?  ☐  ☐

…open notes?  ☐  ☐

Is a scantron used?  ☐  ☐

May the student keep exam?  ☐  ☐

…use calculator?  ☐  ☐

…use graphing calculator?  ☐  ☐

…use a dictionary?  ☐  ☐

Time Allotted for In-Class Exam:__________

Special Instructions:_____________________________________________________

_____________________________________________________________________

_____________________________________________________________________

RECEIVING AND RETURNING OF EXAMS

How Student Success Center Will Receive the Exam:

☐ Instructor Drop-off in Student Success Center
☐ FAX test over (Ext. 4456)
☐ E-mail: musser-l@mssu.edu

Cc: odell-g@mssu.edu

How Student Success Center Will Return the Exam:

☐ Student Success Center Staff Returns*
☐ Instructor Pickup: Time _________

*Tests will be returned within 24 hours

Please Note: If student has an accommodation of “audio formatted tests”, an e-mail with the test attached, in Word format, must be provided to the Student Success Center at least one day prior to the test date.

______________________________  ______________  ______________
Course Instructor (Please Print)            Office #                  Phone #

STUDENT SUCCESS CENTER – 659-3725

FAX: 659-4456