Late Request Form - Testing and Evaluation (T&E)

Students are expected to discuss alternative testing accommodations with faculty within the first 3 weeks of the semester. (Deadline policy is: tests proctored at T&E require a minimum of 7 days advance notice.) Occasionally, extraordinary circumstances arise when students or faculty cannot meet the alternative testing deadline. Therefore, walk-in testing on Wednesday evenings is available in Room 341 Educational Sciences.

1. Date of Exam: __________________________
   (Wednesday evenings only)

2. Total time allowed:
   without accommodations: ____________________
   with accommodations: ______________________

3. Begin time: (between 5:00-6:00 pm) ________

4. End Time: ____________________________

5. Student: ____________________________________________ Phone: ______________________
   Instructor: ____________________________________________ Phone: ______________________
   Course: _______________________________________________

INSTRUCTOR APPROVED CONDITIONS:
   □ open book     □ calculator     □ other: __________________________
   □ open notes    □ break _______ minutes

MCBURNEY RECOMMENDED ACCOMMODATIONS: (check VISA to verify accommodations)
   □ accessible room   □ computer   □ dictionary
   □ private room      □ print enlargement   □ scribe
   □ taped exam        □ brailled exam   □ other: __________________________
   □ time and a half   □ double time

ADDITIONAL PROCTOR DUTIES:
   If a scribe is to record answers, please indicate exam format. (check all that apply)
   □ T/F    □ multiple choice   □ short answer   □ essay

EXAM DELIVERY: All walk-in testing exams are to be hand delivered by the student or faculty to Room 373 or Room 341 Educational Sciences before 4:30 pm on Wednesday nights.

EXAM RETURN: All walk-in testing exams should be picked up by the instructor. If you would like the student to return the exam to the instructor in a security envelope, please initial here: ________

I HAVE REVIEWED THE RECOMMENDED ACCOMMODATIONS ON THE STUDENT'S VISA AND AGREE TO THE CONDITIONS LISTED ABOVE.

Instructor Signature: ________________________________________ Date: ______________________

FOR OFFICE USE ONLY

Test Date: __________________________
Begin Time: __________________________
End Time: __________________________
Test Site: __________________________
Proctor: __________________________
Receipt Date: __________________________