

## Testing Request Form

Student Name: \_\_\_\_\_ Panther ID: \_\_\_\_\_ Phone: \_\_\_\_\_

1. **Campus:** \_\_\_\_\_ **Subject/Course#** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Day(s) Class meets:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_

**Classroom Location:** Bldg. \_\_\_\_\_ Room: \_\_\_\_\_

2. Do you need a room with specific technology? No Yes (*specify*) \_\_\_\_\_

**Check the testing accommodations you are approved to use if applicable during your exams:**

Text-to-Speech/Dictation Computer CCTV Reader Scribe Interpreter Other

Complete # 3 - 5 with your instructor.

3. **Student's Testing Schedule** (If additional space is needed, please complete another T.R.F.)

| Day | Date | Start Time | Time Given in Class<br>(Hours: Minutes) |
|-----|------|------------|---|
|     |      |            |   |
|     |      |            |   |
|     |      |            |   |
|     |      |            |   |
|     |      |            |   |
|     |      |            |   |
|     |      |            |   |
|     |      |            |   |

4. **Instructor, please select ONE exam delivery method:**

Exam sent via E-mail (include students' name and course)  
 Deliver the exam to Disability Services.

5. **Instructor, please select ONE exam return method.**

E-mail within **1 business day**.  
 Student returns in a sealed envelope.  
 Retrieval of exam by designated individual from Disability Services  
 Online Exam  
 Deliver the exam to \_\_\_\_\_ within **3 business days**. (*N/A for Summer Semester*)  
*Atlanta Campus only*

Building Room

**Instructor & Student Acknowledgement Statement:**

By signing this document, we both have reviewed and approve the student's testing schedule. As the student, I am responsible for knowing my exam schedule and responsible for communicating any requests to change this schedule to my instructor first. As the instructor, I understand that it is my responsibility to notify Disability Services of any changes to this testing schedule.

Student's Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor's Phone: \_\_\_\_\_ Date: \_\_\_\_\_

(Office or Department)