

## PLEASE PRINT LEGIBLY Testing Request Form

**MUST BE RETURNED  
BY STUDENT**

**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 M-T-W-TH-F	Date MM/DD	Start Time	Time Given in Class (Hours and 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.  
 On-Line Exam

5. **Instructor, please select ONE exam return method.**  
 E-mail within **1 business day**.  
 Student returns in a sealed envelope.  
 Completed exam picked up by designated individual from Disability Services (**must show ID**)  
 On-Line Exam

**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 Number) (Date Instructor Reviewed and Signed)