



PLEASE PRINT LEGIBLY
Testing Request Form

MUST BE RETURNED BY STUDENT

Student Name Panther ID: Phone:

1. Campus: Subject/Course #: Semester/ Year:

Day(s) Class meets: Start Time: End Time:

Instructor's Name (print):

Classroom Location: Bldg. Room: This is an On-Line Course? []

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.)

Table with 4 columns: Day of the Week (M-T-W-TH-F), Date (MM/DD), Start Time (In Testing Center), Exam Time Given in Class by instructor (Hours and Minutes). Contains 8 empty rows for scheduling.

- 4. Instructor, please select ONE exam delivery method:
Exam sent via E-mail (include students' name and course).
Deliver the exam to Access & Accommodations Center
On-Line Exam (Taken in Testing Center)

Office Use Only table with 2 columns and 3 rows: Start Time, Initials, End Time.

5. Non-online exams will be scanned to the instructor's GSU email address within one business day of the testing appointment. Instructors who need access to the physical copy of the exam should make arrangements to pick up the exam or send a designated individual to pick it up. (Must show ID) AACE will begin shredding exams after two weeks.

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 the Access & Accommodations Center (AACE) of any changes to this testing schedule.

Student's Signature: Email: Date:

Instructor's Signature: Email:

Instructor's Phone:

(Office or Department or Contact Number)

(Date Instructor Reviewed and Signed)

Alpharetta - alpcds@gsu.edu

Atlanta - access@gsu.edu

Clarkston - clacds@gsu.edu

Decatur - deccds@gsu.edu

Dunwoody - duncds@gsu.edu

Newton - newcds@gsu.edu