Disability Services Test Administration Form
Fretwell 230 - (704) 687-0040 - (Voice/TDD)

Student: Norma Niner  Email:norma@uncc.edu  Class & Section: _____________________________

Class Location: ___________________________  Class Day/Time: M T W R F 8:00 AM-9:30 AM

Student’s accommodations for this class:
   x Extended time (time and 1/2)
   ___ Quiet, low distraction area
   ___ Other:

DS Counselor’s Signature: ___________________________  Date: ___________________________

Student Instructions: **Incomplete Forms Will Be Returned to the Student.**

✓ Complete form with your professor & submit form to DS five (5) business days prior to the first exam date on form.
✓ Your scheduled Testing Time in the DS Office may be different from your class time. Double-check your testing time.
✓ If exam dates change or exam dates aren’t listed (TBD/TBA), you are responsible for informing DS of the exam date as soon as the class is notified. Otherwise, we will not have space for your exam day.

Professor Instructions: Please complete the sections below for test administration. It is the student’s responsibility to submit the completed form to Disability Services. DS will send you an email reminder one day before each exam.

Faculty: ___________________________  Phone #: ___________________________  Email: ___________________________

Exam or Quiz Date | Specify standard time allotted for in-class exam | Are these items permitted for entire class (Y/N): Book? Notes? Calculator? | Specify any materials you permit for the entire class: (e.g. formula sheets, notes, etc.)
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☐ Calculator Type  If you allow only specific calculator type, please indicate type:

Formula Sheet  If applicable:
☐ Prof 7yu6essor provides formula sheet – or-
☐ Student brings personal formula sheet

Scantron Sheets  DS provides a scantron sheet for multiple choice tests sent to DS via email unless you indicate otherwise
☐ No scantron per professor  ☐ Professor provides scantron

FINAL EXAM

Additional Comments and/or Instructions for DS Staff:

Note: Exams are scheduled as close as possible to the original test time.

Testing Time in DS Office: MWF 8:00-9:55  Course uses online testing.

Method of Delivery to Disability Services:
☐ Email to dstestcenter@uncc.edu (Default Method)
☐ Instructor will deliver to DS in 230 Fretwell
☐ DS Staff will pick up at Dept. Main office
   (Building/Room #: ___________________________)  Method of Return:
☐ Scan and email (Default Method)
☐ Return to Department’s Main Office
   (Building/Room #: ___________________________)
☐ Instructor will pick up

  Note: Tests for DS Staff pick-up must be ready by 1:00 PM one (1) business day prior to the scheduled exam.

Professor’s Signature: ___________________________  Date: ___________________________