

# ***Nunez Community College Disability Services Office***

## **TESTING FORM**

**Student's Name:** \_\_\_\_\_ Student ID# \_\_\_\_\_

Student's Phone Number \_\_\_\_\_ Student's e-mail \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ Circle one:      Fall      Spring      Summer

Date Test to Be Taken by class: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Accommodations requested:

\_\_\_\_ extended time      \_\_\_\_ distraction reduced environment      \_\_\_\_ computer      \_\_\_\_ reader  
\_\_\_\_ scribe      \_\_\_\_ no scantron      \_\_\_\_ other \_\_\_\_\_

### **INSTRUCTOR INFORMATION:**

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

Instructor's Phone Number: \_\_\_\_\_ Instructor's e-mail: \_\_\_\_\_

Date test to be given to class: \_\_\_\_\_ Length of time class allowed to take test: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Please deliver exam to the Office of Disability Services 3 business days prior to the designated exam date. You can do this by emailing your exam to [mminor@nunez.edu](mailto:mminor@nunez.edu), faxing to 504-278-6487 or deliver to the Disability Services Office.

Should completed exam be (please circle) picked up from Disability Services or delivered back to instructor?

=====

### **FOR OFFICE USE ONLY**

Anticipated Start Time: \_\_\_\_\_

Anticipated End Time: \_\_\_\_\_

Time Student Began: \_\_\_\_\_

Time Student Ended: \_\_\_\_\_

Proctor/Reader/Scribe: \_\_\_\_\_

Date returned to instructor: \_\_\_\_\_

Received by: \_\_\_\_\_