Effective July 2012

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 _____________________________

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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: _______________________ __

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, 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?

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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: _______________________ __

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