



Test Reservation Form

STUDENT SECTION

Name: _____ Phone #: _____

Today's Date: _____ Student ID: @ _____

Please check which accommodation(s) you need: (check all that apply)

<input type="checkbox"/> Extended time (time and a half)	<input type="checkbox"/> Braille
<input type="checkbox"/> Extended time (double time)	<input type="checkbox"/> Optelec (CCTV magnification machine)
<input type="checkbox"/> Separate Location	<input type="checkbox"/> Calculator (basic/scientific/graphing)
<input type="checkbox"/> Test Reader (Read & Write Gold Software)	<input type="checkbox"/> Scribe
<input type="checkbox"/> Spellchecker	<input type="checkbox"/> Enlarged print (min. 18pt font)
<input type="checkbox"/> Computer for typing	<input type="checkbox"/> Other: _____

(please explain)

INSTRUCTOR SECTION

Date of Test: _____ Time of Test: _____
(as approved by instructor) (as approved by instructor)

Instructor's Name: _____ In-Class Time Allotted for Test: _____ min

Instructor's Signature: _____ Course Title: _____

ITEMS ALLOWED FOR TEST...

Book Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calculator Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Basic / Scientific / Graphing)
Formula Sheet Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
***Provided by?	<input type="checkbox"/> Student <input type="checkbox"/> Instructor
Scrap Paper Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dictionary Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Use Allowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

TEST DROP OFF ARRANGEMENTS (must choose one)

E-mail the test to testingcenter@niagaracc.suny.edu (**preferred**)

Instructor will deliver the test to A-167 (Testing Center)

TEST PICK UP ARRANGEMENTS (must choose one)

Instructor will pick up the test from A-167 (Testing Center) (**preferred**)

Scan and e-mail the completed test back to the professor

FOR OFFICE USE ONLY

Date Reservation Form Completed: _____/_____/_____	Staff Initials _____	Instructor/Division Signature
Date Test/Exam Received: _____/_____/_____	Staff Initials _____	
Date Test Picked Up/Scanned to Instructor: _____/_____/_____	Staff Initials _____	

Standard Class Time: _____

Extended Time: _____

Date exam taken _____ Start Time _____ Staff Initials _____
 End Time _____

*Student's signature** _____

Actual finish time _____ Staff Initials _____

*By signing here I confirm the start and the end times of the exam.

TEST ISSUES

Bathroom Break:
 Time Left: _____ Time Returned: _____

Test Irregularities (i.e. questions numbered oddly): (Please Explain)

Academic Misconduct: (Please Explain and Attach Any Pertinent Documentation)

TEST ACCOMMODATION PROCEDURES

Step 1: Student is responsible for contacting the instructor **one week prior** to a scheduled test to discuss testing accommodations and how the instructor would specifically like the test handled. At this time the *blue* Test Reservation Form (*this form*) should be completed by both the professor and the student.

Step 2: The student will inform the Testing Center (A-167) **at least 3 business days** prior to the test date by handing in the completed blue Test Reservation Form.

Step 3: The professor will e-mail or drop off the test **at least 3 business days** prior to the test date. (Please do not send tests via interoffice mail)

Step 4: Student will arrive promptly to take test at the designated testing are at the time prearranged with the instructor. Students may only test at the prearranged time; tardiness will not be tolerated.

****Remember... it is your responsibility as a student to contact your instructors before the test to make these arrangements and to schedule a test time that allows you adequate time for your granted accommodation(s).***