

Test Request Form

Office of Disability Resources
Graham Hall 116 | Tel: 434.395.2391

Testing Center Hours: Monday-Friday, 8am-5pm
Email: disabilityresources@longwood.edu

STUDENT INFORMATION (to be completed by student)

Student's Name: _____ Test Date: _____ Test Time: _____

Course Number: _____ Professors Name: _____

By signing this form I have read and agree to comply with all ODR test policies and procedures for exam proctoring. I understand and agree to abide by the honor code "I have neither given nor received any help on this exam, nor am I aware of any infraction of the honor code". I understand that any violation of the Honor Code will be reported to the Office of Student Conduct & Integrity and the Instructor.

Student Signature _____ Date of Request: _____

DISABILITY RESOURCES STAFF COMLETES THIS SECTION

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Distraction-Reduced Environment | <input type="checkbox"/> Use of a scribe |
| <input type="checkbox"/> Use of word processor | <input type="checkbox"/> No scantron / ability to write on test | <input type="checkbox"/> Use of calculator |
| <input type="checkbox"/> Use of spell check | <input type="checkbox"/> Extended time (_____ % increase) | <input type="checkbox"/> Enlarged Software |

Other specific accommodations: _____

Staff Signature: _____ Date: _____

INSTRUCTOR COMLETES THIS SECTION

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Formula Sheet | <input type="checkbox"/> Canvas |
| <input type="checkbox"/> Use of word processor | <input type="checkbox"/> Open notes | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Use of dictionary | <input type="checkbox"/> Open book | Standard Administration Time: _____ |

Other instructions: _____

Instructor Signature: _____ Date: _____

ODR STAFF ONLY

Time Started: _____ Time to End: _____ Time Actually Ended: _____

Room Number: _____