

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, 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: _____