

Gordon State College
Exam Accommodations Form

Part I

To Be Completed by Student: GC ID# _____ Semester 2015-16

Student Name: _____ Phone: _____

Instructor _____

Course Name & No. _____ Meeting Time and Days _____

SCHEDULE OF TESTS TO BE TAKEN WITH ACCOMMODATIONS

*Dates and times must be approved by instructor

*Any changes must also be approved by instructor

<u>Test #</u>	<u>Date</u>	<u>Amount of time class is allotted for test</u>	<u>Start Time</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
Final	_____	_____	_____

Type of Assistance Required: To be completed by Testing Center

Extra Time (1 ½) _____ Extra Time (Double Time) _____

Enlarged Print _____ Reduced Distraction Space _____ Separate Space (only if specifically approved on accommodation letter)

_____ Assistive Technology (ex. JAWS, Braille Reader, electronic reader)

Other (specify) _____

Student Must Return Form Directly to Testing Center
AT LEAST 2 WORKING DAYS PRIOR TO TEST

Note: Submitting a Testing Accommodation Form does not guarantee testing accommodations with the Testing Center. Testing accommodations are provided on a first-come, first-served basis. Exams must be completed between the hours of 8:00 a.m. and 5:00 p.m. Monday – Friday. Weekend hours are not available.

It may be necessary that the test time needs to be changed by the Testing Center but only with prior faculty approval.

Part II

To Be Completed by the Instructor:

Instructor and student must choose a mutually agreeable time for the test. The test must be received at least twenty-four hours (24) prior to the scheduled test time. Unannounced quizzes are the only exception. Tests may be sent via e-mail, or by hand delivery by instructor or his/her representative (cannot be a student).

****NOTE – If student is using assistive technology to test, or if the test must be enlarged the INSTRUCTOR IS RESPONSIBLE FOR PROVIDING TEST IN ELECTRONIC FORMAT to the Testing Center.**

Please indicate how the test will be received by the Testing Center:

_____ Instructor Will Hand Deliver

_____ Email copy to both: Sue Gilpin (sueg@gordonstate.edu) and Peter Higgins (phiggins@gordonstate.edu)

_____ Is test on D2L? (Please e-mail password)

*****Faculty – students are not allowed to take anything except a pen or pencil into the room with them when they are tested. On the following lines please note any (if any) class related material student is allowed to use during test (ie calculator, formulas, etc.) BE SPECIFIC:*** _____

*****Students are not allowed breaks during testing unless pre-approved by professor.***

How will the test be returned to the Instructor?
(Students should never be allowed to deliver or pick up tests)

_____ Instructor Will Pick Up

_____ Instructor's Representative Will Pick Up

Instructor's Signature: _____ Date: _____

Phone: _____ E-mail _____

Testing Center Staff Only

Testing form received date: _____ Staff Initials _____