

**STUDENT COMPLETE:**

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Name: \_\_\_\_\_ Student #: M00 \_\_\_\_\_

Instructor: \_\_\_\_\_ Course #: \_\_\_\_\_

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**SCHEDULED TEST APPOINTMENT:**

Day of Week: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Allowed: XT XT2 Staff Initials: \_\_\_\_\_

**INSTRUCTOR COMPLETE:**

1. Length of time students **without** accommodations have to complete the exam: \_\_\_\_\_
2. Scheduled exam time (refer to box above):
  - Is the student allowed to start exam earlier on the same day: Yes No
  - When must the exam be completed by – date: \_\_\_\_\_
3. How can we contact you if the student has questions during the scheduled appointment time:  
Cell: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_
5. Calculator Permitted: Yes No  
If yes, specify calculator allowed:
  - A. Scientific Non-Graphing
  - B. Scientific Graphing
  - C. Basic Only
6. Word Processor Yes No
7. Internet Permission Yes No
8. Scrap Paper/Graph Paper Yes No
9. Open Book Yes No
10. Open Notes Yes No
11. Reference Sheet Yes No

**COMPLETED EXAM RETURN:**

- \_\_\_\_\_ Instructor pick up (with photo ID)  
\_\_\_\_\_ Math department representative pick-up (with photo ID)  
\_\_\_\_\_ Student return (If so, please indicate exam return location: \_\_\_\_\_)
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**TESTING SERVICES USE ONLY:**

Allotted Time: \_\_\_\_\_ hour(s), \_\_\_\_\_ minutes

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Actual End Time: \_\_\_\_\_