

**UNO TESTING CENTER  
ACCOMMODATED COVER SHEET**

[unotestingsecure@unomaha.edu](mailto:unotestingsecure@unomaha.edu) Kayser Hall 522 402-554-4800

----- INSTRUCTOR PLEASE READ! -----

Please complete this form and return it with the test to the Testing Center **at least 24 hours** before the student's appointment (before 4:30 P.M.). The student is responsible for scheduling the appointment in advance and for providing timely notice to you. Students are not allowed to carry their own tests. Contact the Testing Center with questions. **\*\*\*We will not accept exams delivered through BOX or Cloud sharing. Only email attachments\*\*\***

**---TESTING CENTER DOES NOT ADMINISTER MAKE-UP EXAMS---**

Instructor (or TA)'s Name: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

Email address: \_\_\_\_\_@unomaha.edu Campus Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Exam time allotted in CLASS: \_\_\_\_\_

*The Testing Center does not administer 'UNLIMITED time' exams.*

Course: \_\_\_\_\_ Exam #: \_\_\_\_\_ *The Testing Center CALCULATES the extended time for student if applicable.*

Scantron needed for this exam? NO \_\_ If yes: Blue (Full Sheet) \_\_ OR Green (Half Sheet) \_\_

Allowable Aids Please Select:

Book: Open \_\_ Closed \_\_ Notes: Open \_\_ Closed \_\_ Scratch Paper: No \_\_ Yes \_\_

Calculator: No \_\_ If Yes: Any kind \_\_ Scientific \_\_ Graphing \_\_ Basic \_\_

Others please specify: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Test Window (Date and Time):

Start the exam no earlier than \_\_\_\_\_, End the exam no later than \_\_\_\_\_

Return Instructions (Please select one):

1. Pick up (ID required) \_\_\_\_\_
2. Campus Mail (Campus Address Only) \_\_\_\_\_
3. Scan & Email (Hard copy will be SHRED after confirmation of receipt) \_\_\_\_\_
4. Scan & Email then Mail Hard Copy to Above Address (Campus Address Only) \_\_\_\_\_
5. Other Return Instruction: Please Specify: \_\_\_\_\_

**FOR TESTING CENTER USE:**

Returned via: PU/Mail/Scan/Shred \_\_\_\_\_

DATE: Received \_\_\_\_\_ Taken \_\_\_\_\_ Assisted: \_\_\_\_\_ Assigned Room: \_\_\_\_\_

Time Allowed: \_\_\_\_\_ Timer: \_\_\_\_\_ Time Started: \_\_\_\_\_ Time stopped: \_\_\_\_\_

PAGES: Distributed: \_\_\_\_\_ Scantron: Yes / No Collected: \_\_\_\_\_

Comment: \_\_\_\_\_

Pickup Signature: \_\_\_\_\_ ID: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Accommodation is determined by Accessibility Services, MBSC 126; 554-2872. Requests for changes must be approved by the Accessibility Services Director **before** a test is underway. 9/27/2017