UNO TESTING CENTER ACCOMMODATED COVER SHEET

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:@un	1omaha.edu	Campus Address:
Student's Name:	Exam time a	allotted in CLASS:
Course: Exam #:		ter CALCULATES the extended time for student if applicable.
Scantron needed for this exam? NO If y	yes: Blue (Full	Sheet) OR Green (Half Sheet)
Allowable Aids Please Select:		
Book: Open Closed Notes: Open	Closed Se	cratch Paper: NoYes
Calculator: No If Yes: Any kind Scientif	fic Graphing _	_ Basic
Others please specify:		
Special Instructions:		
Test Window (Date and Time):		
Start the exam no earlier than	, End th	ne exam no later than
Poture Instructions (Places coloct one):		
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 co		
4. Scan & Email then Mail Hard Copy to Abo	-	
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:		
PAGES: Distributed: Scant		
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