

TESTING REQUEST FORM FOR TESTING IN THE LEARNING CENTER

Current Date: _____ Date/time of Test: _____

Instructor's Name: _____
(Please print)

Course: _____

Accommodations Needed: _____ **Yes**¹⁻² _____ **No**
(example: reader/scribe/private room/extra time)

Proctor Required: _____ **Yes**² _____ **No**

¹ Students must have completed form on file each semester with testing services.

² Please note that tests are done by general observation in the testing room unless the student makes an appointment with a member of the Learning Center staff in advance for accommodations or proctoring. It is the student's responsibility to inform you of the date and time of the appointment.

Student's Name: _____
(Please print)

Student may have access to the following during the test:

Time Limit for exam is _____ hour(s) and _____ minutes*

*Please do not include extended time for accommodations testing. The extended time will be calculated based on the self-identification form on file.

-Completed exams will be returned to the instructor's mailbox in Faculty Support the day following completion of the test.

-Exams not taken will be shredded at the end of the term.

-Please contact the Darke County Campus at 778-7890 to make arrangements for testing at DCC

Office Use Only:

Date Taken: _____

Time In:	Administered by:
Time Out:	Received by: