



Alternative Testing Service
 105 General Services Building
 Phone (970) 491-3574
 FAX (970) 491-4037
 Office Hours: 8:00 a.m.-430 p.m.

Resources for Disabled Students
 100 General Services Building
 Phone (970) 491-6385

OFFICE USE ONLY	
Start time	End time
Accommodation	

EXAM REQUEST FORM

A. TO BE COMPLETED BY THE STUDENT *(please see reverse for directions for completing this form.)*

Student Name _____ Course Number _____ Section Number _____
 Phone _____ E-mail Address _____

Exam Date(s) and Time(s)* *(To be verified and approved by the instructor.)*

* Please fill out a separate form for the Final and/or if the exam conditions are different. Exams must be taken and completed within specified office hours: 8:00 a.m.-4:30p.m. Hours during Finals Week are 7:00a.m. to 7:00p.m. Monday-Thursday. 7:00 a.m. to 3:00 p.m. Friday.

- | | |
|--------------------------|--------------------------|
| 1. Date _____ Time _____ | 4. Date _____ Time _____ |
| 2. Date _____ Time _____ | 5. Date _____ Time _____ |
| 3. Date _____ Time _____ | 6. Date _____ Time _____ |

B. TO BE COMPLETED BY THE FACULTY MEMBER *(Please see reverse for directions for completing this form.)*

Instructor's Name _____ Phone _____ E-mail Address _____
 Department _____ Department Phone Number _____

Exam Delivery (please initial)

RDS staff will pick up exam at Departmental Main office at _____
 Dept. Name Dept. Address Day/Date Time*

Please list the time that the exam will be ready for pickup 24 hours in advance of the scheduled exam. Actual pickup may be after the listed time.

Instructor will e-mail exam.*

'For security reasons, please call RDS Testing (491-3574) for e-mail address

Other (please specify) _____

Exam Return (please initial)

RDS staff will return exam to Departmental Main Office.*

*Exams taken in the morning will be returned that business day and exams taken in the afternoon will be returned the next business day.

RDS staff will deliver the exam to the Faculty Test Scoring Service, Clark C76

Other (Please Specify) _____

Exam Conditions

Books Yes No Notes Yes No Calculator Yes No Dictionary/Spell Checker Yes No

Bubble Sheet Yes No Periodic Table Yes No Molecular Model Yes No WebCT/Computer Yes No

Other instructions (please specify) _____

Time allowed for students taking the test in the classroom _____

The student must return the exam and answer sheet. The student must return the answer sheets, but may keep the exam.

Instructor's Signature _____ Date _____