



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 \_\_\_\_\_