**Testing Services Request Form**



**Please complete all fields and email to Testing Services at** [**testingservices@mwcc.mass.edu**](mailto:testingservices@mwcc.mass.edu)

**Complete one form for each student, per test.**

**ACCOMMODATED TESTING DETAILS:**

* Appointments with accommodations will only be scheduled if Testing Services has received this form and corresponding exam.
* Instructor must submit the test at least 24 hours ahead of student appointment. Tests that require conversion to audio format require two business days ahead of the appointment.

Exam materials may be attached with this form, delivered to Testing Services or attached to the web form.

**Instructor Information**

Name





Email



Phone #

Phone numbers are confidential, used by Testing Services only if necessary.

**Test Details**

Student’s Name





Course #



Test Time Limit

(5 hr max permitted)

Test Title





Time limit with extended time accommodation

(if applicable, 5 hr max permitted)

 

to

from

Valid Test Dates:

**Materials Permitted**

graphing

4-function

scientific

    

destroy

keep

Scrap Paper permitted: *if permitted* *choose*

Calculator permitted: *if permitted* *choose*

  

both sides

Notes, # of sheets: \_\_\_\_\_

 

Textbook permitted, titles:

  



**Internet use NOT allowed**

 

**Internet use allowed,** web sites:

 

**Computerized test,** password:

Other Instructions:



**Return to Instructor**



In-person in Testing Services

  

Delivered by Student in a sealed envelope to room #



Scanned and emailed to Instructor

**Staff Use Only**

Test Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time In: \_\_\_\_\_\_\_\_\_\_ Time Out: \_\_\_\_\_\_\_\_\_\_\_ Room #: \_\_\_\_\_\_\_\_\_\_\_ Seat #: \_\_\_\_\_\_ Proctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1/3/18

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By: \_\_\_\_\_\_\_\_\_\_\_