Department of Special Services

Test Coversheet Form

Mon – Fri 8:30 AM – 4:30 PM
Sat – Sun Closed

Special Services Policy: *Students are required to take the test at the same time and on the same day as the class.*

Professor's Name	
Student(s) Name(s)	
Professor Phone Number	
Course Name and Number	
Date Test is Submitted to Special Services	
Time and Date Class Will Be Taking Test	
Amount of Time the Class Will Be Given To Complete the Test *(Unlimited Time Cannot Be Given)*	
Specialized Instructions	
Are support materials allowed?	◉ **Yes** ○ **No** **If support materials are allowed, please check all that apply.** ☐ **Calculator** ☐ **Scratch Paper** ☐ **Textbook** ☐ **Notes** ☐ **Other**
Upon Completion of the Test	☐ **Return Test to Professor's Mailbox** ☐ **Hold Test for Professor to Pick Up** ☐ **Other**

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