Request for Test Accommodations

Student: __________________________
“810” number: ____________________
Phone: __________________________
Email: __________________________
DRC Coordinator: __________________

Professor and Student Guidelines: Please schedule a time to meet privately to discuss test accommodations. When possible, the DRC encourages students and instructors to arrange testing accommodations within the department. If accommodations can be made within the department, filling out this form is not necessary.

Course Number: ____________________
Instructor Name: ____________________
Phone: __________________________
Email: __________________________
Class Location: ____________________

STUDENTS MUST RETURN THIS FORM TO THE DRC TESTING ACCOMMODATIONS OFFICE AT LEAST ONE WEEK BEFORE THE FIRST EXAM LISTED. THIS FORM MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE START OF FINALS.

TESTS ARE ADMINISTERED MONDAY-THURSDAY 8AM-8PM AND FRIDAY 8AM-5PM; FINALS 8AM-10PM.

<table>
<thead>
<tr>
<th>DATE</th>
<th>Approved Start Time*</th>
<th>In-Class Test Duration</th>
<th>Special Instructions</th>
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<td>Final</td>
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*Tests will be administered at the class time unless otherwise approved by the instructor.

MATERIALS ALLOWED: (only materials listed below will be allowed in the testing rooms)

- Pearson Large Scantron (229633)
- Pearson Small Scantron (229627)
- Parscore Large Scantron (F1712ParL)
- Parscore Small Scantron (F289ParL)
- Other: __________________________

Calculator (indicate type): __________________________
Formula Sheet: __________________________
Other materials: __________________________

Test Delivery to DRC:
- FAX to DRC (542-8489)
- Email (dstest@uga.edu)
- DRC Pick-Up (24 hours in advance)
  Where? Bldg: _________ Rm: _______
- Instructor Deliver to 205 Clark Howell Hall

Test Return to Instructor:
- DRC deliver (signature required)
  Where? Bldg: _________ Rm: _______
- Fax back to _________ (FAX #)
- Instructor pick-up 205 Clark Howell Hall
- Student Return (in sealed envelope)

I authorize the DRC Testing Accommodations Office to administer tests to the student outlined on this form. It is not possible for me to provide accommodations within the department. I have discussed this form with the student and approve the information provided.

INSTRUCTOR or TA SIGNATURE: __________________________ Date: __________________

I have read and agree to adhere to the policies and procedures outlined on the back side of this form.

STUDENT SIGNATURE: __________________________ Date: __________________