**Testing Center Request Form SPRING 2020**

|  |  |
| --- | --- |
| **SPRING TERM HOURS:** Monday-Friday: 8:00am- 4:00pm | **TESTING CENTER** |
|  | STUDENT ACCESSIBILITY SERVICES |
| **Finals Hours:** 8:00am-7:00pm  | Berry Library, Suite L-33 Testing Office: L-27 |
| Including Weekends | Email: Testing.Center@dartmouth.edu Phone: 603-646-6520 |

*Please Read Before You Make a Request*

|  |  |
| --- | --- |
| **Scheduling an exam:** | Seven (7) day advance notice is required. Even with notice, we cannot always accommodate all seating requests due to seating and staffing limitations.  |
| **Who can schedule?** | Instructors, Teaching Assistants or staff supporting classes may schedule exam seating.  |
| **Exam Confirmation:** | Exams must be confirmed by the testing center. You will received an email confirming or declining your exam based on availability. We may be able to assist with some of your exam seating but not all.  |
| **Exam Drop-off:** | You must provide hard copies of your exam to the testing center at least 24 hours prior to the exam date. Please arrange a drop of time during normal business hours.  |
| **Exam Pick-up:** | You will be notified when exams are ready for pick-up. You will need to acknowledge that you have received all exams by signing the pick-up form. The exams will not be released without a signature.  |
| **Providing Equal Access:**  | Students testing in the testing center should have a comparable testing experience to those in the main classroom.  |
| **Other Exam Support:** | If your student requires other disability-related changes in the exam delivery format (document conversion of the exam), please contact assistive.technology@dartmouth.eduIf your student requires a scribe or reader for the exam, please contact student.accessibility.services@dartmouth.edu |
| **Non-SAS Student Exams:** | We do not provide testing support to students without disability-related testing accommodations.  |

**Each exam date will require filling out a different form**

**TESTING CENTER EXAM SEATING REQUEST FORM**

**EXAM AND CLASS INFO**

|  |  |  |
| --- | --- | --- |
| **Today’s Date:** | Click or tap to enter a date. |  |
| **Exam Date:**  | Click or tap to enter a date. |  |
| **Class:**  | Click or tap here to enter text. | **Course Number:**  |  Click or tap here to enter text. |
| **How many minutes is your exam in the main classroom?**  | Click or tap here to enter text. |
|  |  |  |
| ***OFFICE USE ONLY*** |
| *Received Date:* |  | *Comments:*  |
| *Received by:*  |  |

**WHAT WE NEED TO KNOW ABOUT THIS EXAM:**

**Contacts:**

|  |  |
| --- | --- |
| **Instructor Name:** Click or tap here to enter text. |  |
| **Instructor Email:** Click or tap here to enter text. |  |
| **Contact person during exam:** Click or tap here to enter text. |  |
| **How should students contact this person?** |
|  | **Instructor Email** | [ ] (as entered above) |
|  | **Email:** | Click or tap here to enter text. |
|  | **Phone:** | Click or tap here to enter text. |
|  | **Text:**  | Click or tap here to enter text. |
| **Additional information (optional):** | Click or tap here to enter text. |
|  |

**Tell us what’s allowed:**

|  |  |
| --- | --- |
| **Open book** |[ ]   |
| **Cheat Sheet/Notes** |[ ]   |
| **Computer or tablet brought by student** |[ ]   |
| **Phone use** |[ ]   |
| **Backpack in testing room** |[ ]   |
| **Simple Calculator** |[ ]   |
| **Graphic Calculator** |[ ]   |
| **Other Calculator**  |[ ]  Click or tap here to enter text. |
| **Other allowed (please specify)** |[ ]  Click or tap here to enter text. |
| **Any other information:** | Click or tap here to enter text. |

**What We Need to Know About Your Students:**

**Student 1:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 2:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 3:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 4:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 5:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 6:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 7:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 8:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 9:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 10:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 11:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 12:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 13:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 14:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 15:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 16:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 17:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 18:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 19:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |

**Student 20:**

|  |  |  |
| --- | --- | --- |
| Name: Click or tap here to enter text. | Student’s Exam Start Time:  | Click or tap here to enter text. |
| Student ID: Click or tap here to enter text. |
| Time Adjustment:  | [ ] 1.5 | [ ] 2.0 | [ ] N/A  | Other: Click or tap here to enter text. |
| Room Adjustment |  *Default seating is for reduced-distraction/small group. If student requires private seating, please check box below.*  |
|  | **PRIVATE SEATING REQUIRED** : [ ]  |  |
|  |
| Other Accommodations:  | Click or tap here to enter text. |
|  |
| *Office Use Only* |
|  | RM:  | Seat:  |
| Notes:  |