**TESTING CENTER**

**SERVICES REQUEST FORM**

**Name of Person Completing This Form:** Click here to enter text.

Date of Request: Click here to enter text.

**General Information:**

Name of Student(s): Click here to enter text.

Course Name/No.: Click here to enter text.

First day to make test available: Click here to enter text.

Last day to make test available: Click here to enter text.

**Reason for Testing Center Services:**

Online class

504 Accommodation: I have received official notification from the ADA/504 Coordinator regarding Testing Center accommodation for the student(s) listed above. The Testing Center will verify specific testing accommodations with the ADA/504 Coordinator.

Make-up test (to be used only when all other options have been exhausted)

Respondus LockDown Browser

Other: Click here to enter text.

**Test Information:**

**Time Limit** (will assume 1.5 hours if time limit is not indicated): Click here to enter text.

**Please check all items that apply to this test:**

Open Book

Scrap Paper Allowed

Computer-based Test

Notes Allowed

Breaks Permitted

Pen/Pencil Test Calculator Allowed

Dictionary Allowed

Blackboard Test

Other (please specify): Click here to enter text.

**Special instructions for administering the test (blackboard passwords, multiple attempts, limited attempts, etc.):**

Click here to enter text.

**Additional Information:** Click here to enter text.

**PLEASE RETURN THIS FORM AND ALL REQUIRED TESTING MATERIALS BY EMAIL to:**

[**testingcenter@garrettcollege.edu**](mailto:testingcenter@garrettcollege.edu)

**EMAILS SENT TO THIS ADDRESS ARE DELIVERED TO:**

|  |  |
| --- | --- |
| **Nick Pratt**, Advising & Academic Success Center/Disability Support Services | **Ashley Ruby**, Director of the Advising & Academic Success Center |