



ACADEMIC SUPPORT CENTER

Instructors: Please complete the following form so that the ASC can properly administer the attached exam to your students.

Instructor's Name: _____ **Dept. & Course No.** _____

Test Title: _____ **# of Test-takers** _____

Exam Closing Date & Time: _____ **Campus Ext. #:** _____

Test Time Allowed: _____ hrs _____ min* (*ASC calculates extended time for DSPS students)

Online Exam Password _____ (*If delivered online in the ASC you must use a password)

Names of students with approved DSPS accommodations taking the exam: (or attach a separate list.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Names of students with instructor permission taking the make-up exam: (or attach a separate list.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Check Appropriate Boxes

- | | |
|--|--|
| <input type="checkbox"/> Mark answers on test. | <input type="checkbox"/> Use scantron. |
| <input type="checkbox"/> Use blue book or separate sheet of paper. | <input type="checkbox"/> Use of scratch paper is allowed. |
| <input type="checkbox"/> May take a break during test. | <input type="checkbox"/> Dictionary/Thesaurus OK(Typically for ESOL students.) |
| <input type="checkbox"/> Open-book test. (Title of book(s)?) _____ | |
| <input type="checkbox"/> Notes OK. (3X5 card, all class notes, et cetera?) _____ | |
| <input type="checkbox"/> Calculator OK. _____ | |

Other:

INDICATE EXAM RETRIEVAL

- Instructor will retrieve test from ASC. (Exams filed in instructor's folder for pick-up.)
- ASC will deliver test (Tues/Thurs) via inter-office mail to: _____ Dept./Div./Bldg.

Rec'd By: _____ **Date/Time:** _____