Student’s Name:__________________________________________________

Professor’s Name:_________________________ Course: ______________________

Test to be taken by:_________________ Time Allowed: up to 1 ½ x class test time __________
(e.g. 50 Min. x 1 ½ = 75 min)

Purpose for testing in the Academic Center for Excellence:
Disabilities Services___________ Other________________________

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Test will be **closed book** and **closed notes** unless specified below:

Materials Student May Use: Check all that apply.

_____ Calculator  _____ Textbook
_____ Formula Sheet  _____ Class notes & handouts
_____ Dictionary
_____ Other ___________________________________________________________

Method of Return to Professor: Please check one.

_____ Professor will pick up by: (date & time) _____________________________
_____ Other arrangements (specify) _________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Date Test Taken: _____________  Time In: _____________  Time Out: _____________

ACE Staff initials: _______ _______ _______

Academic Center for Excellence – (603) 230-4027

Original copy - ACE Copy - Instructor