

Accessibility Services

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Accessibility Services Test Administration Form

Student's name	_____	Student ID #	_____
Professor's name	_____	Course	_____
Test to be taken by	_____	Time allowed	_____

The test will be **closed book** and **closed notes** unless specified below.

The student may use the following materials (check all that apply):

_____ Calculator	_____ Textbook
_____ Formula sheet	_____ Class notes and handouts
_____ Dictionary	
_____ Other	_____

Method of return to professor (please check one):

Professor will pick up by (day and time): _____

Other arrangements have been made (specify): _____

Date test taken:	Time in:	Time out:
	ACE Staff initials: _____	

Updated 03-23