

Accessibility Services Test Administration Form

Student Name:	_____	Student ID#:	_____
Professor's Name:	_____	Course:	_____
Date test to be taken by:	_____	Time Allowed:	_____

The test will be CLOSED BOOK and CLOSED NOTES unless specified. The student may use the following materials. Please check all that apply.

Calculator	Textbook	Dictionary
Formula Sheet	Class Notes & Handouts	
Other:	_____	

Method of returning completed test to professor.

Professor will pick up in ACE on: _____
Other arrangements have been made. Please specify.

Date Test Taken:	Time In:
ACE Staff Initials:	Time Out: