

## Accommodated Test Administration Form

Students must email this form to [testing@albright.edu](mailto:testing@albright.edu) or hand-deliver to the Testing Center **at least five (5) business days** before the requested exam date. Please note, testing rooms can only be reserved when this form is completed accurately by students **and** instructors. **If printing this form, please print double-sided.**

### TO BE COMPLETED BY STUDENT

<b>STUDENT NAME:</b>	<b>EXAM DATE REQUESTED:</b>
<b>COURSE (E.G., ANT310):</b>	<b>EXAM TIME REQUESTED:</b>
<b>EXAM ACCOMMODATIONS REQUESTED (APPROVED BY SAA AND ON ACCOMMODATION LETTERS):</b> <input type="checkbox"/> 50% extra time <input type="checkbox"/> 100% extra time <input type="checkbox"/> Distraction-reduced environment <input type="checkbox"/> Computer use for exam <input type="checkbox"/> Exam read by computer or in audio format <input type="checkbox"/> Other: _____	
<b>ACADEMIC HONESTY AGREEMENT:</b> The Testing Center environment recognizes the same high standards of academic honesty expected and enforced in the classroom. In taking an exam in the Testing Center, I agree to maintain academic integrity as outlined by Albright College's Academic Integrity Policy. I understand that cheating will not be tolerated and that all instances of suspected academic dishonesty will be referred to the instructor by Testing Center staff.	
<b>STUDENT SIGNATURE:</b>	

### TO BE COMPLETED BY INSTRUCTOR

<b>PLEASE NOTE:</b> Generally, the Testing Center cannot administer oral exams. Oral exams should be coordinated between the professor and student. If there are extenuating circumstances, please contact SAA at 610.921.7503	
<b>INSTRUCTOR NAME:</b> _____ <b>PHONE:</b> _____	
<b>TIME ALLOWED</b> for the test/quiz for the general class: _____ mins (if blank, TC will assume the full class period)	
<input type="checkbox"/> I approve the date and time for the exam indicated by the student above. <input type="checkbox"/> I would like the student to take the exam on ____ / ____ / ____ at ____ : ____	
<b>MATERIALS PERMITTED FOR THE EXAM:</b> <i>Please provide blue books and Scantron forms if needed.</i> <input type="checkbox"/> non-graphing calculator <input type="checkbox"/> graphing calculator <input type="checkbox"/> formula sheets <input type="checkbox"/> open book <input type="checkbox"/> open notes <input type="checkbox"/> laptop (for Canvas exams) <input type="checkbox"/> other: _____	
(Please initial) _____ Accommodations requested above match the student's accommodation letter for my class.	
Are you available to answer questions during the exam? <input type="checkbox"/> Yes - phone #: _____ or <input type="checkbox"/> No	
<b>EXAM DELIVERY</b> (at least 24 hours in advance preferred): <input type="checkbox"/> Canvas exam, no delivery required. <input type="checkbox"/> Email to <a href="mailto:testing@albright.edu">testing@albright.edu</a> (only test coordination staff have access to this email). <input type="checkbox"/> Hand-delivered to SAA office (Monday - Friday, 8:30am-4:30pm – a locked drop box is also available). <input type="checkbox"/> Hand-delivered by student (exam must be in a signed, tape-sealed envelope).	
<b>EXAM RETURN:</b> <input type="checkbox"/> Canvas exam, no return required. <input type="checkbox"/> Return via email to (email address) _____ within two business days. <input type="checkbox"/> Instructor or (name) _____ will pick up at SAA office within two business days.	
<b>INSTRUCTOR SIGNATURE:</b>	<b>DATE:</b>

**TO BE COMPLETED BY TESTING CENTER STAFF**

Date Request Received:	SAA Staff Signature for Verification of Accommodations:
Date Exam Received:	SAA Staff Signature for Exam Receipt:
# of Exam Pages:	# Exam Pages Submitted (including student pages):
Exam Start Time:	Exam End Time:
Student Signature on Completion of Exam:	SAA Staff Signature on Completion of Exam:
Exam Delivered to (print):	Exam Delivered to (signature):

Please contact the SAA Office with questions:

[testing@albright.edu](mailto:testing@albright.edu) 610.921.7503