



Director of Counseling
and Disability Services
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Disability Services Test Information & Adjustment Form

STUDENT:

This form must be presented to the instructor at the class 48 hours prior to the test date. Failure to do so will prevent you from having the test proctored by the Disability Services Office.

Student: _____ E-mail: _____

Instructor: _____ Course: _____

Student Signature: _____ Date: _____

Date and Time Student is Scheduled to Take the Test:

INSTRUCTOR:

Please attach this completed form to the exam.

Disability Services must receive the test at least 24 hours prior to test proctoring time.

Amount of time the full class will receive for test: _____

For test integrity, instructor must check items allowed for test: ___ calculator ___ notes/cards
___ open book ___ use of computer ___ scrap paper ___ student may keep test
___ other (Please be specific)

Return test to: _____ Room #: _____ Phone #: _____

Instructor Signature: _____ Phone: _____ Date: _____

In order to protect the integrity of the test, this form must be completed in full before the test will be administered.

OFFICE USE ONLY:

Date _____ Student Allowed _____ X Extra Time Time Allowed for Test _____

Test Received by _____ Proctored by _____