

## The Betty Howard Center for Student Success (BHCSS) Testing Authorization Form

## Please Note:

- 1. All test requests must be completed and submitted to the BHCSS within at least five (5) business days of test date.
- 2. Instructor and student should decide upon mutually agreeable date and time.
- 3. BHCSS will NOT administer any exam without this form being <u>completely filled out signed</u> and attached to the exam.

To be filled out by Student:	
Student Name (please print):	
Course Name and Number:	
Scheduled Date of Exam at BHCSS:	Scheduled Time of Exam at BHCSS:
Approved Accommodations:	
☐ Extended time	☐ Private Space
☐ Recorded Exam	☐ Scribe/Reader
☐ Use of Calculator (select one):	☐ Other: (please describe)
Scientific 4-function Graphic	
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To be filled out by Instructor:	
1. Standard Class Time Allowed for Test: (check one)   50 min   75 min   Other	
(BHCSS will calculate total testing time based on each individual student's <b>approved</b> accommodations.)	
<b>2. Testing Instructions:</b> (Specify: open/closed book, calculator (Scientific/4 Function/Graphing), crib sheet, may write directly on exam, online test, etc.)	
4. Test brought to BHCSS (WH Rm 133) by instructor or student in a SEALED, SIGNED	
envelope. Please check:   Instructor   Student	
5. Please check the method by which you would like the test returned:	
☐ Instructor or authorized staff member will pick up the test. (BHCSS will return the exam if it is	
not picked up within 5 business days.)	
BHCSS staff will return the test to the department's main office (2 business day turnaround).	
Please indicate Department/Office Location:	
The student will return the test in a sealed envelope immediately after the exam.	
☐ Sent by campus mail.	,
Instructor's Name:	Phone #:
(Please Print)	
Instructor's Signature:	
BHCSS OFFICE USE ONLY	
Test received by:	Date: Time:
Test received by: Test administered by:	Date: Time: Date: Time:
Test returned by:	Date: Time: