Center for Learning Resources
Testing Authorization Form

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

To be filled out by Student:
Student Name (please print): _____________________________________________________________________________________
Course Name and Number:  ______________________________________________________________________________
Scheduled Date of Exam at CLR: __________________  Scheduled Time of Exam at CLR: ______
Approved Accommodations:
- [ ] Extended time
- [ ] Recorded Exam
- [ ] Use of Calculator (select one):
  - [ ] Scientific
  - [ ] 4-function
  - [ ] Graphic
  - [ ] Other: (please describe) ____________________

To be filled out by Instructor:
1. Standard Class Time Allowed for Test: (check one) [ ] 50 min [ ] 75 min [ ] Other _______
   (CLR will calculate total testing time based on each individual student’s approved accommodations.)
2. Testing Instructions:
   (Specify: open/closed book, calculator (Scientific/4 Function/Graphing), crib sheet, may write directly on exam, online test, etc.)
3. Please initial if student is permitted to keep the Examination Question(s): ________
4. Test brought to CLR (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. (CLR will return the exam if it is not picked up within 5 business days.)
   - [ ] CLR 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: __________________________________________________________

CLR OFFICE USE ONLY
Test delivered by: ______________________________  Date: ________  Time: ________
Test received by: ______________________________  Date: ________  Time: ________
Test administered by: __________________________  Date: ________  Time: ________
Test returned by: ______________________________  Date: ________  Time: ________