

Testing Accommodation Request Form for FACULTY

See faculty handbook for more details on the KUEC Testing Center Policies and Procedures

Date: _____ Student Name & ID _____

Course Number/Title & Class Time: _____

Instructor's Name and Email: _____

ALL exams will be delivered to the Testing Center via email to kuec_testcenter@ku.edu. All exams will be returned to faculty via email scanned PDF.

TO BE COMPLETED BY INSTRUCTOR:

Test/Quiz Dates: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

TESTING REQUIREMENTS:

1. **Standard** length of your exam(s) in minutes for all students: _____
2. **Standard** length of your quiz(s) in minutes for all students: _____
3. Student must return to class after exam/quiz end-time for continued lecture/class time. **YES / NO**
4. I can be contacted while the student is taking the exam for student to ask questions. **YES / NO**

Notes to remember:

- Testing Center is open 10am – 7:30pm M-Th; 8am – 4:30pm F
- Accommodations exams often require students to start exams before OR after the general student population.
- Scheduling the actual exam is the responsibility of the **student**. The information you provide below helps us the best we can to serve all involved.

5. **Choose** your option(s) to help us schedule your student (feel free to add notes for clarification):
 - a. Exam can be taken anytime within reason/I am flexible.
 - b. Exam **MUST** be taken at the same time as the class meets with student starting early so they can return to class for remaining lecture/class time.
 - c. Exam **MUST** be taken at the same time as the class meets with student starting at the same time and extending past class time. *(only available for classes that start prior to 6pm)*

Approved items for each exam (calculator, notes, etc.) Please include dates if items approved vary by exam:

Instructor's Signature _____

SEND FORM TO THE STUDENT (email/by hand) SO THEY CAN TAKE TO STUDENT SERVICES FOR SCHEDULING

Office Use Only		
Approved AN: _____	Total Minutes for Exam: _____	Notes: _____
Test Schedule Appt: _____		