THE STUDENT MUST RETURN THIS FORM TO DRS AT LEAST 2 BUSINESS DAYS BEFORE TEST TIME

TEST ACCOMMODATION RECORD
110 Wilder Tower – 901-678-2880

Instructions: BEFORE TEST: 1. Student completes Part I in full. If an alternate test time and/or date are needed please discuss with professor at this time. Keep in mind that DRS closes at 4:30. 2. Professor completes Part II in full and retains bottom gold copy.
3. Student returns completed form to DRS at least 2 business days prior to test date. AFTER TEST: 1. DRS proctor signs Part IV. 2. Student signs Part III, and is given pink copy for his/her records. 3. Completed test is then returned to professor’s department office with a yellow copy of the completed form or is left in DRS office for professor pick up. Any questions? Please contact DRS at 678-2880.

<table>
<thead>
<tr>
<th>I. STUDENT: Test Request. To be completed by student. PLEASE PRINT LEGIBLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name</strong> ___________________  <strong>ID</strong> _______________  <strong>DRS Coordinator</strong> ___________________</td>
</tr>
<tr>
<td><strong>Course &amp; Number</strong> ___________________  <strong>Professor</strong> ___________________</td>
</tr>
<tr>
<td><strong>Class test scheduled for:</strong> Date ___________________  <strong>Time</strong> ___________________  <strong>Online Test?</strong> Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

**Students are to take their exams at the regularly scheduled class time except in extenuating circumstances. If it is necessary for your exam to be scheduled at a different time, please explain below before your professor signs this form.**

| Requested alternate date and time for test: Date ___________________  **Time** ___________________ |

I request the following accommodations which were approved by my DRS Coordinator on my Semester Plan for this particular test.

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>time &amp; a half</td>
<td>use of computer</td>
</tr>
<tr>
<td>double time</td>
<td>alternative to scantron</td>
</tr>
<tr>
<td>low stimulus</td>
<td>read out loud</td>
</tr>
<tr>
<td>reader</td>
<td>CCTV</td>
</tr>
<tr>
<td>scribe</td>
<td>Other</td>
</tr>
</tbody>
</table>

*The formats below require test delivery 24 hours before test time.*

- email test: drstests@memphis.edu
- embossed Braille
- enlarged test: font size (___)
- screen enlarger software
- refreshable Braille
- screen reader software
- one problem per page
- voice recognition software

(____)  (____)  (____)  (____)  (____)  (____)

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Phone No.</th>
<th>email address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>II. PROFESSOR: Test Approval, Instructions and Arrangements. To be completed by professor. PLEASE PRINT LEGIBLY.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Please indicate the number of minutes the CLASS will be given to take this test.</strong></td>
</tr>
</tbody>
</table>

Please clearly identify any materials the student may use during this exam (e.g. books, notes, CALCULATOR, formulas, etc.). Unless specified by the instructor, the student will not be allowed any materials so please list everything that is allowed.

**Deliver/send tests to DRS a minimum of 2 office hours prior to test time. (Pickup service not available.)**

Special format tests require test delivery 24 business hours before test time in a digital format sent via email.

Please indicate how and when you will deliver the test.

Is a computer needed? Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Method of delivery</th>
<th>Date</th>
<th>Time</th>
<th>For what will the computer be used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will email the test to: <a href="mailto:drstests@memphis.edu">drstests@memphis.edu</a></td>
<td>Date</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>I will deliver the test to 110 Wilder Tower</td>
<td>Date</td>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>I will fax the test to Test Coordinator at  678-3070</td>
<td>Date</td>
<td>Time</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate preferred method of receiving the completed test.

<table>
<thead>
<tr>
<th>Method of delivery</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will pick up from DRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRS will deliver to department office: Room Number and Building</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professor Signature</th>
<th>Date</th>
<th>Phone No.</th>
<th>E-mail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>III. STUDENT PLEDGE. To be signed by student after completing test.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not receive assistance with the academic content of this test and did not have access to any unauthorized materials, notes or aids.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IV. DRS VERIFICATION. To be completed by DRS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This test was administered according to the instructions provided. <strong>Start Time</strong> ___________  <strong>End Time</strong> ___________</td>
</tr>
</tbody>
</table>

Comments on any unusual circumstances, situations or events pertaining to the administration of this test, if applicable:

<table>
<thead>
<tr>
<th>Proctor Signature</th>
<th>Date</th>
</tr>
</thead>
</table>