



Dean of Students Office  
One Cumberland Square  
Lebanon, TN 37087  
(615) 547-1353

### 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 \_\_\_\_\_ % Extra Time Time Allowed for Test \_\_\_\_\_

Test Received by \_\_\_\_\_ Proctored by \_\_\_\_\_