

Testing Center Exam/Quiz/Finals Schedule Form

STUDENT: Complete Top of Form (Name, UIN, Course/Instructor Info, Testing Request & Needs)

Student's Name: _____ UIN: _____ 00 _____

Course Information:

Course & Section #: _____

Class Day(s) & Time: _____

Class Location (Bldg. & Rm.): _____

Contact Information:

Instructor: _____

Instructor's Phone #: _____

Instructor's Email: _____

Testing Center (TC) Hours: Monday – Thursday 8:00am – 6:00pm, Friday 8:00am – 5:00pm

After Hours Dependent on Staff Availability

Exam/Quiz/Final & Date to be administered in the TC Ex: Final 9/1/2025	Exam Time to be administered in the TC Ex: 2:00 PM	Exam Length In Classroom Ex: 50 minutes	Same date as rest of class for the exam? Ex: Yes/No	Same time as rest of class for the exam? Ex: Yes/No	Instructor Initials (required) Ex: <i>RH</i>

Special Testing Needs: If you have been approved for and need equipment, software or a special accommodation, please check and/or list all that apply:

Scribe _____ Reader _____ *Other (specify - Ex: Extended testing time 1.5x, 2x): _____

Computer Needs (Required Software/Accommodation - Word, Excel, Internet Access, etc): _____

***** INSTRUCTOR must acknowledge each testing request above by initialing & Read/Sign below *****

I have met with the above named student and received the notification of his/her registration with Disability Resources (DR). I am aware that this student is requesting testing accommodations in the Testing Center (TC), and I agree with this schedule.

Instructor's Signature

Date

Received by:

Initials: _____

Time: _____

Date: _____