TEXAS A&M UNIVERSITY
GALVESTON CAMPUS

Testing Center
Seibel Student Services, Bldg. 3030, Suite 104
Exam/Quiz/Final Schedule Form

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

Student's Name: _____ UIN: _____

Course Information:

Course & Section #: _____ Instructor: _____

Class Day(s) & Time: _____ Class Location (Bldg & Rm): _____

Testing (TC) Hours: Mon - Thur 8:00am - 6:00pm
Friday 8:00am – 5:00pm
After Hours Dependent on Staff Availability

Testing Request:

Date + Exam/Quiz to be administered in the TC? E.g., 9/1/26 Final	Test Time to be administered in the TC? E.g., 2:00 - 5:00 PM	Class test Length? Not Extended E.g., 120 mins	Same date as rest of class? E.g., Yes/No	Same Start time as rest of class? E.g., Yes/No

Testing Needs: Select approved testing accommodations:

- ☐ Extended Time _____
- ☐ Alternative Test Format _____
- ☐ Reduced Distraction Env
- ☐ Computer for essay
- ☐ Scribe
- ☐ Reader
- ☐ Breaks
- ☐ Other _____

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

_____ _____
Instructor's Signature (required) Date

Received by:
Initials:_____
Date:_____
Time:_____

Return Completed Form to the Testing Center Office or testingservices@tamug.edu
CLICK OR COPY TO EMAIL