

Chicago State University

Abilities Office OF Disabled Student Services

TESTING FORM

**Students:** It is *your responsibility* to be aware of your exam / quiz dates and schedule proctoring accordingly. Please provide your professor with this form **at least 2 weeks** in advance for **each** exam that will be proctored by the Abilities Office.

**Dear Professor:** Please complete and return this form to the Abilities Office no later than **3 business days** before the scheduled date of the exam / quiz. **During Midterms and Finals** testing forms should be received no later than **5 business days** before the exam / quiz. This is to ensure adequate preparation to reserve rooms and to schedule testing proctors for the exam / quiz.

The exam / quiz should be sent or delivered to the Abilities Office of Disabled Student Service located in 190 of the *Cordell Reed Student Union Building*. You may also request an electronic copy of this form and e-mail it to **abilities@csu.edu**. **Students should be informed that testing starts at the designated time not the time that they arrive to take the exam. The Abilities Office must be notified, by the student immediately of any changes or cancellations (773-995-2380 & abilities@csu.edu)**. We are very anxious to be of service to our students and to make sure that they have the appropriate test environment however, **we cannot do walk-in exams**. Please include one testing form per exam / quiz and **scantron**. To ensure the integrity of the exam and to prevent issues with transferring the exam to the office, **please do not send exams with the students to the office or expect the student to return it to you upon completion of the exam**. If you have further questions, please feel free to contact the Abilities Office at 773-995-2380. **TEST WILL NOT BE ADMINISTERED IF THIS FORM HAS NOT BEEN RECEIVED.**

STUDENT NAME \_\_\_\_\_ Exam Date/Time \_\_\_\_\_

Course Title/Number \_\_\_\_\_ Professor \_\_\_\_\_ Office Phone# \_\_\_\_\_

Test Completion Time (*please indicate the time the class is allowed*) \_\_\_\_\_

Test will be provided to the Abilities Office: E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Delivered \_\_\_\_\_

Password will be provided to the Abilities Office: E-mail \_\_\_\_\_ Delivered to Office \_\_\_\_\_ Other \_\_\_\_\_

Test Administration Format (ExamSoft, Exam Master, Paper, online) \_\_\_\_\_

**\*\*NOTE\*\*PLEASE DO NOT PUT EXAMS INTO INTEROFFICE MAIL**

**RULES FOR EXAM ADMINISTRATION (check all that apply)**

Open Book \_\_\_\_\_

Calculator \_\_\_\_\_

Can use notes \_\_\_\_\_

(Other specifications) \_\_\_\_\_

**“WE CANNOT DO UNTIMED TEST”**

**Additional notes:**

EXAM will be picked up by \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Exams / Quizzes must be picked up, Abilities Office will not deliver them once they are completed\***

**(Office Use Only)**

TEST ACCOMMODATION COMPLETION TIME (FILLED IN BY ABILITIES OFFICE) \_\_\_\_\_

ADMINISTERED BY: \_\_\_\_\_ DATE/TIME OF EXAM: \_\_\_\_\_ TIME COMPLETED: \_\_\_\_\_

EXAM RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT: \_\_\_\_\_