



Department of Student Success & Retention
Disability Support Services

TEST ACCOMMODATIONS: TEST COVER SHEET

FACULTY: Please note: If hand-delivering exams, place them inside a sealed envelope, with this sheet completed, and attached to the outside. If you have any questions, please call DSS Office at 736.2739 or email DSS@wesley.edu.

Course: _____ Professor: _____

Professor's Phone # _____ Office Location: _____ Email: _____

Scheduled Class Test Date: _____ Test Time: _____

Return test to professor via Campus Mail ()

Return test to professor via Office ()

Return scanned Test to professor via e-mail ()

Student has permission to use the following: **IF NONE CHECKED, NONE WILL BE PERMITTED**

Open notes () Open books(s) () Calculator/graphing calculator ()

Other: _____ **NO AIDS MAY BE USED** ()

How much time will the class have to complete this examination? _____

Time with accommodations: _____

Student Name	Time Student Started	Time Student Completed	Test Proctor Signature

Additional Notes from Professor/Department:

[To be signed by student(s) just prior to test administration] Student acknowledgement: "By signing this form, I accept the responsibility to adhere to Wesley College's Academic Honesty policy."

Student Signature

Proctor Signature

Test proctors will not answer or clarify exam questions. Questions will be referred to the course's professor for clarification. If the professor cannot be reached during the exam, the student will decide to answer the question.