

Office Use Only: Start Time: _____ End Time: _____

Disability Services for Students Test Cover Sheet

South Wing 120 Phone: (716) 878-4500 Fax: (716)878-3804

PART 1: TO BE COMPLETED BY THE STUDENT: No test can be administered without Part 2 of this form signed by the instructor and returned to Disability Services Office by student. Student must schedule test with our office at least 2 days in advance.

Student Name: _____ Daytime Phone#: _____

Exam Date: _____ Time: _____ Catalog#: _____
Example: MAT100

Instructor's Name: _____

PART 2: MUST BE COMPLETED AND SIGNED BY INSTRUCTOR: Please return this signed form to student prior to exam. Exams may be faxed or e-mailed to our office. If exams are to be hand-delivered, they must be transported in signed, sealed envelopes for security purposes. Do not send exams through the campus mail. Please note that our **exam hours are 8:30am-4:30pm Monday through Friday**. Please allow students to adjust their times accordingly by completing the Request for Alternative Day/Time section below.

REQUEST FOR ALTERNATIVE DAY/TIME Exams are scheduled to coincide with the class test time, if possible. However, this student has requested alternate testing on _____ (Day/Time). Please indicate if request for alternate time is approved or denied by initialing below:

Alternate Request Approved _____ Alternate Request Denied _____
Initials Initials

Exam Arrival: ___ Instructor to Bring ___ Student to Bring
___ Fax (878-3804) ___ E-mail to: disabilityserv@buffalostate.edu
(Please fax or e-mail at least 2 days prior to exam)

Exam Return: ___ Instructor to Pick Up ___ Student return to: ___ Instructor _____
___ Department _____
Bldg/Room

(If no directives are indicated, student will return exam to department in a sealed envelope.)

Exam Instructions: ___ Closed Notes ___ Open Notes Calculator Permitted? ___ ___
___ Closed Book ___ Open Book Yes No

Additional Instructions: _____

INSTRUCTOR'S SIGNATURE

DATE

PART 3: TO BE COMPLETED BY INSTRUCTOR UPON RECEIPT OF EXAM: Instructor, please sign below and return to SW 120 upon receipt of completed exam.

Exam Received: _____
Instructor's Signature Date Test Received