

WESTERN STATE COLLEGE OF COLORADO

ALTERNATIVE TESTING REQUEST FORM

Disability Services (DS)
Taylor 302

Academic Resource Center
Phone: 943-7056

DS Hours: M-F, 8-5
Fax: 943-3409

Student Section

Name _____ Phone # _____

Course in which you are taking a test _____

Professor's name _____

Please **circle** testing adjustments needed:

Extended Time

Word Processor

Screen-Reader Software

Voice Recognition Software

The student needing a computer for word processing or other software programs should notify Disability Services of times and dates at least one week in advance to reserve a computer.

Instructor Section

How will the test be delivered to DS?

___ Student

___ Professor

___ e-mail to bjornstad@western.edu

___ Fax to 943-3409

How will the test be returned to the professor?

___ Student

___ DS

___ Professor will pick up test from DS office

Proctoring Instructions

___ open book

___ open notes

___ calculator

___ student lab server: if yes, what will the student be able to access? _____

Other _____

Date and Time of Test

Regular Test Date _____ Time _____
(Start – Finish)

Alternative Setting Test Date _____ Time _____
(Start – Finish)

For questions during the exam

___ call cell phone | ___ call office phone | ___ email Contact information: _____

___ have student write note on test ___ I do not answer any questions during exams

Instructor Signature _____ Date _____

DS Office Use Only:

Actual Test Date _____ Time Start _____ Time Finish _____ Proctor _____ Pages _____

Completed Test Returned to (Signature) _____ Date _____