TAMIU T̄C̄
testing center

Student and Instructor Information:

Today's Date:_____

Student's Name:_____   Student's Phone:_____

Instructor's Name:_____   Instructor's Phone:_____

Course: _____   Class Meeting: _____/_____
Course Name, Number, & Section   Time   Day(s)

Date and Time of Exam:

Date Exam is to be taken: _____   Time Exam is to be taken: _____

Is the test date/time the same as scheduled for the class? Yes ☐ No ☐

_____ (Initials) If no, I understand that I'm required to obtain my professor's approval for the date/time above. If I do not, I may not be able to receive my accommodations.

To Be Completed by DSS Staff ONLY

Authorized Materials:

Material Type	Yes	No
Calculator (indicate type)		
Note(s)		
Book(s)		
Formula(s)		
Scrap Paper		
Dictionary		
Reading Software		
Reader or Scribe		
Colored Overlays		
CCTV/Zoom Text/Other Magnifier		
Other		

Response Format:

Format	Yes	No
Scantron		
Bluebook		
Computer		

List Other Instructions:

*Designees must be identified before releasing exam to the Testing Center or DSS Office

TO BE COMPLETED BY TESTING CENTER STAFF

_____ ___   _____ ___
Name of Person Administering Exam   Intl   Name of Person Picking Up Exam   Intl

Exam Start Time_____   Exam End Time_____   Date Exam Taken _____

Amount of time allowed: _____ DSS/SCS Staff approving time_____

Note: _____ __

DSS Staff Receiving Form : _____ (MUST SIGN TO VALIDATE FORM)