ALTERNATIVE TESTING NOTIFICATION FORM (Effective 1/21/2020)

This completed form must be returned or scanned to Student Disability Resources (email above) no later than two (2) weeks before an exam, quiz, mid-term exam, or final exam.

Exam Date/s (may list multiple testing dates for the duration of the semester):

STUDENT (Complete in its entirety.)

Student Name: ________________________  Student ID #: ________________________

Course # & Section (ex. BUS 101-01): ________________________

Faculty Name: ________________________  Faculty Email: ________________________

FACULTY: Please complete both section 1 (regarding test conditions) and section 2 (proctoring request).

Section 1: Reference the student’s Course Accommodation Letter and please check all that apply for test conditions:

☐ Calculation format  ☐ Closed book exam  ☐ Calculator  ☐ Multiple-choice format
☐ Open book exam  ☐ Blue Book required  ☐ Essay format  ☐ No notes permitted
☐ Scantron required  ☐ Problem-solving format  ☐ Notes permitted ___ pages  ☐ On-line exam
☐ Short Response  ☐ Use of Internet permitted  ☐ Other: ________________

The class will receive ___________ hours and ___________ minutes to complete the exam.

Student authorized for extended time: Y or N  Extra Time: x 1.5 (___ minutes) or x 2 (___ minutes)

During alternate time of exam, please list a contact name and number in case an issue arises:

Name: ________________________  Phone Number: ________________________

FACULTY: Please complete section 2 regarding proctoring request. NOTE: SDR only proctors if the student is authorized for the use of assistive technology.

Section 2: (Please select one of the following and sign below.)

A. _____ FACULTY PROCTORED (or responsible for arranging proctored exam.)

☐ I/My department will be responsible for proctoring exams.
☐ I/My department will administer the exam with accommodations noted on SDR Course Accommodations Form.

B. _____ SDR PROCTORED (only for students who require assistive technology.) I am requesting SDR to provide assistive technology testing space and proctoring for the listed dates of quizzes and/or exams.

Please email sdr-alternative-testing@csumb.edu for further instructions.

Faculty Signature: ________________________  Date: ________________

Student Signature: ________________________  Date: ________________

Comments: ____________________________________________________________________________________________