

Testing Authorization Form

OFFICE USE ONLY
emailed to schedule

University Diversity and Inclusion

University Diversity and Inclusion will not administer any exam without this form filled out in its entirety and signed.

Exams are scheduled between **8:30 AM** and **5:00 PM**, **Mon-Fri only**. **Students** must schedule exams <u>5 days in advance</u>. Exams will be taken when the class takes exam (evening exams must be scheduled to take during our office hours, the day prior or following test date, or earlier on the day of exam).

Student's First Name: _____ Student's Last Name: _____

Course Name: _____ Course #:_____

University Diversity & Inclusion will determine the total testing time based on the student's accommodations.

Date class is taking the exam: ______ to _____ to _____

Regular class time allowed for test:

Instructor Name:	Office Locat	Office Location:Phone (during exam):	
E-mail:	Phone (dur		
Instructor Signature:	Date:	Date:	
The exam <u>must be received</u> be at least 24 hours prior to the		& Inclusion Office	
Scan/email to diversity.incl Instructor will hand deliver D2L/Online exam, delivery	exam	Scan and email in PDF	
Exams will be returned in a	sealed envelope	Diversity & Inclusion deliver to:	
Exams will be returned in a	sealed envelope	Exam details: Start time: End time:	