Student- YOUR JOB is to return completed form to AR office 24hrs. before the test. If circumstances prevent this form from being completed, signed, and returned, you may request that the instructor send an e-mail, at least one day before the test, to dss@cobleskill.edu. This must include all of the required information below.

TESTING TIMES: Monday, Wednesday, Thursday, Friday 9:00 am -4:00 pm (Tests may not be start after 2:30 pm.)

Tuesday 9:00 am -6:00 pm (Tests may not be start after 4:30 pm.)

Extended hours during mid-term and finals weeks.

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| STUDENT: PLEASE FILL IN BLANK IN THIS BOX, then TAKE TO YOUR INSTRUCTOR TO COMPLETE.  Student Name: Click or tap here to enter text.  Student Phone Number: Click or tap here to enter text.  Course: Click or tap here to enter text.Instructor: Click or tap here to enter text.Total Time Requested: Click or tap here to enter text.  PLEASE PRINT |
| INSTRUCTOR: PLEASE COMPLETE ALL OF THIS - DO NOT LEAVE ANY BLANKS.  Test Date: Click or tap here to enter text. Test Time: Click or tap here to enter text.  Allowable Materials:Click or tap here to enter text.  Use of calculator is assumed unless otherwise stated. Anything else not listed will not be allowed  **\*\*NOTE: Students will no longer Pick up or drop tests off\*\***  Test delivery to AccessABILITY (check one): E-mail to AR Office at: dss@cobleskill.edu  Post on MOODLE  Instructor Deliver  Inner Office Mail  Test return to Instructor (check one): E-mail  Student post to MOODLE  Instructor Pickup  Inner Office Mail |
| Instructor Signature: Click or tap here to enter text. Date: Click or tap here to enter text.  Phone number where instructor can be reached DURING the test:Click or tap here to enter text.  (This is needed to allow the student the same opportunity as others to seek clarification on test questions.) |

Revised 1/18/18