

Accommodated Test Administration Form

Students must return this form to the ALC as soon as possible and before the scheduled exam date. Please note testing rooms can only be reserved when this form is completed accurately by students & instructors.

TO BE COMPLETED BY STUDENT	
STUDENT NAME: _____	EXAM DATE: _____
PHONE NUMBER: _____	EXAM TIME: _____
COURSE (e.g., ANT 310): _____	EXAM TIME: _____
EXAM ACCOMMODATIONS REQUESTED: <i>(Approved by SAA and stated on accommodation letters)</i> <input type="checkbox"/> 50% extra time <input type="checkbox"/> Distraction reduced environment <input type="checkbox"/> Computer use for exam <input type="checkbox"/> Exam read by computer or in audio format <input type="checkbox"/> Other: _____	
ACADEMIC HONESTY AGREEMENT: The ALC testing environment recognizes the same high standards of academic honesty that are expected and enforced in the classroom. As part of taking an exam in the ALC, I agree to maintain academic integrity, as outlined by Albright College's Academic Integrity Policy. I further understand that cheating will not be tolerated and all instances of suspected academic dishonesty will be referred to the instructor by ALC staff. STUDENT SIGNATURE: _____	
TO BE COMPLETED BY INSTRUCTOR	
INSTRUCTOR NAME: _____ PHONE # _____	
TIME ALLOWED for the test/quiz for the general class: _____ min (If no time is indicated, ALC will assume the full class period.) <input type="checkbox"/> I approve the day and the time for the exam as indicated by the student above. <input type="checkbox"/> I would like the student to take the exam on ___/___/___ and at ___:___ am/pm	
MATERIALS PERMITTED FOR TEST OR QUIZ: <u>Please provide scantron forms</u> <input type="checkbox"/> Non-graphing Calculator <input type="checkbox"/> Graphing Calculator <input type="checkbox"/> Formula Sheets <input type="checkbox"/> Open Book <input type="checkbox"/> Open Notes <input type="checkbox"/> Other _____	
Are you available to answer questions during the exam? Yes or No (please circle one) If yes, please provide a cell phone # _____	
EXAM DELIVERED TO ALC: <i>(at least 24 hours in advance preferred)</i> <input type="checkbox"/> Email to testing@albright.edu (Only professional staff have access to this email) <input type="checkbox"/> Hand delivered to ALC (In the basement of Administration/Library building) <input type="checkbox"/> Hand delivered by student (Exam must be in a signed, tape-sealed envelope)	
EXAM RETURNED VIA: <input type="checkbox"/> Instructor or designee will pick up at the Academic Learning Center between 8:30am-4:30pm. <input type="checkbox"/> Hand Deliver to building name, _____, and office number, _____, within 48 business hours. To maximize exam safety, the ALC prefers to physically deliver exams to the building secretary or instructor. Should this not be possible at time of drop-off, the exam will be held at the ALC until the professor is able to pick it up. The ALC will email the instructor to confirm exam delivery to a secretary or if the exam has to be held in the ALC.	
DATE: _____	<u>When printing, please print double sided</u>
INSTRUCTOR SIGNATURE: _____	

TO BE COMPLETED BY THE ALC

Date Exam Received: # of Exam Pages:	ALC Staff Signature (for exam receipt):
ALC Staff Signature (on completion of exam): _____	Student Signature (on completion of exam): _____
# of Exam Pages Submitted (including student pages):	
Exam Start Time:	Exam End Time:
Exam Delivered to:	Signature:

Please contact Student Accessibility & Advocacy or the Academic Learning Center (ALC) with questions.
610 -921-7662 for Academic Learning Center
610-929-6639 for Student Accessibility & Advocacy
testing@albright.edu

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