Accommodated Test Administration Form

Students must return this form to the ALC at least five (5) business days before the scheduled exam date. Please note testing rooms can only be reserved when this form is completed accurately by students and instructors. (When printing, please print double sided)

TO BE COMPLETED BY STUDENT

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>COURSE (e.g., ANT 310):</th>
<th>EXAM DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NUMBER:</td>
<td></td>
<td>EXAM TIME:</td>
</tr>
</tbody>
</table>

EXAM ACCOMMODATIONS REQUESTED: (Approved by SAAO and on accommodation letters)
- □ 50% extra time
- □ Distraction reduced environment
- □ Computer use for exam
- □ Exam read by computer or in audio format
- □ 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

<table>
<thead>
<tr>
<th>INSTRUCTOR NAME:</th>
<th>PHONE #:</th>
<th>TIME ALLOWED for the test/quiz for the general class: ________ min</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(If no time is indicated, ALC will assume the full class period.)</td>
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<tr>
<td></td>
<td></td>
<td>___ I approve the day and the time for the exam as indicated by the student above.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ I would like the student to take the exam on <strong><strong>/</strong></strong>/____ and at <strong><strong>:</strong></strong> am/pm</td>
</tr>
</tbody>
</table>

MATERIALS PERMITTED FOR TEST OR QUIZ: Please provide scantron forms
- □ Non-graphing Calculator
- □ Graphing Calculator
- □ Formula Sheets
- □ Open Book
- □ Open Notes
- □ Other: ____________________________________________

Initial: _____ Accommodations requested above match the student’s accommodation letter for my class

Are you available to answer questions during the exam? Yes, phone #: ______________ or No (please circle one)

EXAM DELIVERED TO ALC: (at least 24 hours in advance preferred)
- ___ Email to testing@albright.edu (Only professional staff have access to this email)
- ___ Hand delivered to ALC (In the basement of Administration/Library building)
- ___ Hand delivered by student (Exam must be in a signed, tape-sealed envelope) 

EXAM RETURNED VIA:
- ___ Instructor or designee will pick up at the Academic Learning Center between 8:30am-4:30pm.
- ___ 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.

INSTRUCTOR SIGNATURE: ______________________________________

DATE: _____________________
Please contact Sherry Young or the ALC with questions.
610-929-6639 or syoung@albright.edu.
610-921-7662 or testing@albright.edu

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