

# Memorandum

**Date:** Fall Semester 2007  
**To:** Instructors and Students  
**From:** Access Center Testing Accommodations Coordinator  
**Brei Esser:** [mscd-accesscenter@mscd.edu](mailto:mscd-accesscenter@mscd.edu)  
**Office Phone:** 303-556-8387/**Fax:** 303-556-6852  
**RE:** Test Accommodation Form

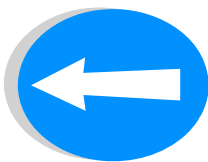
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The following are instructions on how to complete the attached Test Accommodation Form (TAF).

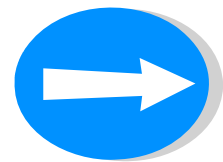
**Students:** Please completely fill out the top portion of the attached TAF. ***Please remember to sign and date the form and return it at least 5 days in advance to the Access Center front desk to schedule the exam.*** This advance notice allows our staff sufficient time to schedule a room/reader/scribe to assist you. Advanced notice of 24 hours is required for cancellation of exams. Missed/cancelled exams will be returned immediately to your instructor. Exams will only be rescheduled if your instructor provides verbal or written permission directly to the Access Center Testing Accommodation Coordinator. ***Students have a responsibility to maintain standards of academic ethics & honesty. All personal items (including cell phones) are not allowed in the testing rooms. Students violating academic honesty standards will be referred immediately to their instructor.***

**Instructors:** Please completely fill out the bottom section marked “**Instructor Section**” on attached TAF. Please remember to indicate specific delivery/pick-up instructions, testing date alternatives and include any information regarding specific testing conditions. Please sign and date TAF and return it to the student who is responsible for bringing the completed form to our office. Please contact our office @ 303-556-8387 with any questions.

***Your cooperation is greatly appreciated!***



**SEE REVERSE SIDE FOR FORM**



**Office Notes:**

**Metropolitan State College of Denver**  
**ACCESS CENTER for Disability Accommodations**  
**& Adaptive Technology**

Library, Suite 116  
Campus Box 56  
P.O. Box 173362  
Denver, Colorado 80217-3362  
**PHONE (303) 556-8387**  
**FAX (303) 556-6852**

**TEST ACCOMMODATION FORM**

**ALL INFORMATION MUST BE COMPLETED TO SCHEDULE A TEST**

**STUDENT SECTION**

**Student must return this completed form 5 days before test can be scheduled.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Course \_\_\_\_\_ Actual Class Time \_\_\_\_\_ to \_\_\_\_\_

**Accommodation(s) Requested**

Quiet Room \_\_\_\_\_ Reader \_\_\_\_\_  
Private Room \_\_\_\_\_ Scribe \_\_\_\_\_

**Extended time:**

(1.5x) \_\_\_\_\_ (2x) \_\_\_\_\_ (Staff Initials \_\_\_\_\_) Student Requested \_\_\_\_\_ Min/Hrs. to complete exam  
(Student's Initials) \_\_\_\_\_  
(Same Time as Class) \_\_\_\_\_ (Staff Initials \_\_\_\_\_)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTOR SECTION**

**Please Complete All Information Below.**

Instructor's Name \_\_\_\_\_ Department Office Location \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date of In-Class Exam \_\_\_\_\_ Time allotted for In-Class Exam \_\_\_\_\_

**Exam Delivery Process**

PLEASE E-mail Exam to [mcsd-accesscenter@mcsd.edu](mailto:mcsd-accesscenter@mcsd.edu)

**Access Center (AC) Exam Return Process**

\_\_\_ AC to return exam within 24 hrs.

\_\_\_ Instructor to pickup exam **within 48 hrs.**

**In case of scheduling difficulties (i.e. no testing room available, student has another class to attend) may we:**

1. schedule exam on same day, but different time from class time? Yes \_\_\_ No \_\_\_ (Initial \_\_\_)
2. schedule exam on different day other than test date? Yes \_\_\_ No \_\_\_ (Initial \_\_\_)  
if yes, date by which exam must be completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Open Book Yes \_\_\_ No \_\_\_ (Initial \_\_\_) Calculator Allowed Yes \_\_\_ No \_\_\_ (Initial \_\_\_)  
Open Notes Yes \_\_\_ No \_\_\_ (Initial \_\_\_) Dictionary Allowed Yes \_\_\_ No \_\_\_ (Initial \_\_\_)

Comments \_\_\_\_\_ (Initial \_\_\_)

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACCESS CENTER STAFF SECTION**

Test Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_ Scheduled by: \_\_\_\_\_ No or Yes: \_\_\_\_\_  
Reader/Scribe

Actual Test Date \_\_\_\_\_ Time Begun \_\_\_\_\_ Time End \_\_\_\_\_ Staff \_\_\_\_\_

Comments \_\_\_\_\_

Test returned to \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_