

ACCESS CENTER TEST ACCOMMODATION FORM

ALL INFORMATION MUST BE COMPLETED TO SCHEDULE A TEST

STUDENT SECTION

Student must return this completed form 5 business days prior to test date.

Name _____ Phone # _____

Course _____ Actual Class Time _____ to _____

Accommodation(s) Requested

Quiet Room _____ Reader _____ Computer _____
Private Room _____ Scribe _____ Enlarged Text _____

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 _____

FACULTY MEMBER SECTION

Name _____ Department _____

Phone # _____ E-mail _____

Date of In-Class Exam _____ Time allotted for In-Class Exam _____

Exam Delivery Process

PLEASE E-mail Exam to mscd-accesscenter@mscd.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:

*Schedule exam on same day, but different time from class time? Yes ___ No ___ (Initial ___)

Additional Testing Instructions: _____

_____ (Initial ___)

Open Book Yes ___ No ___ (Initial ___)

Calculator Allowed Yes ___ No ___ (Initial ___)

Open Notes Yes ___ No ___ (Initial ___)

Dictionary Allowed Yes ___ No ___ (Initial ___)

PLEASE REMEMBER TO SIGN

Instructor's Signature _____ Date _____

ACCESS CENTER STAFF SECTION

Test Date: _____ Time: _____ Room: _____ Scheduled by: _____ Yes or No: _____

Actual Test Date _____ Time Begun _____ Time End _____ Staff _____ Reader/Scribe

Office Notes _____

Returned Test To: _____ Date _____ Delivered By: _____



METROPOLITAN STATE
COLLEGE of DENVER

Memorandum

To: Faculty and Students
From: Access Center Service Coordinator
RE: Test Accommodation Form (TAF)

Office Contact Information:

Auraria Library, Suite 116

Email: mscd-accesscenter@mscd.edu

Phone: 303-556-8387

Fax: 303-556-6852

Students: Completely fill out the top portion of the TAF on the reverse side of this form. ***Please remember to sign and date the form and return it at least 5 business days prior to test date, in order for 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 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. All testing rooms are equipped with video monitoring to ensure academic honesty. Students violating academic honesty standards will be referred immediately to their instructor.***

Faculty: Completely fill out the bottom section marked “**Faculty Member Section**” on the reverse side of this TAF. Please remember to indicate specific exam return instructions, testing alternatives and include any information regarding specific testing instructions. It is **important to sign and date** the TAF and return it to the student who is responsible for bringing the completed form to our office. You may contact our office @ 303-556-8387 with any questions.

Your cooperation is greatly appreciated!



COMPLETE REVERSE SIDE OF FORM

