

ALTERNATIVE TESTING

Clayton State University Disability Services

Please complete this form in its entirety, attach to test and deliver to Student Center, Room 255.

Name of Student _____

Course and Section # _____ Instructor _____

Instructor's Campus Ext. _____ Instructor's Office Address _____

Scheduled Test Date _____ Time _____

Normal Allotted Time for Test _____

Please check appropriate instructions:

Item	Allow	Do Not Allow	
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	
Computer	<input type="checkbox"/>	<input type="checkbox"/>	Internet Connection? <input type="checkbox"/> yes <input type="checkbox"/> no
Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	
Notes	<input type="checkbox"/>	<input type="checkbox"/>	
Text/Books/Articles	<input type="checkbox"/>	<input type="checkbox"/>	

Other Instructions: _____

How should the test be returned?

- Delivery by campus mail
- Instructor will pick up
- Student will hand carry in a sealed envelope
- Disability Services to hand deliver to:

_____ Location of Classroom

_____ Location of Office

Student began test: Date _____ Time _____ and ended test at Time _____

Administered by: _____

Testing Irregularities: _____
