This form is to be used by faculty for students who have missed an in-class test for reasons beyond their control, or who require accommodations for testing. This form must be completed and accompany each test submitted to Testing Services.

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| --- | --- | --- | --- | --- | --- |
| Date Submitted (MM-DD-YY) | Click here to enter a date. | | | | |
| **Faculty First Name:** | Click here to enter text. | **Faculty Surname:** | Click here to enter text. | | |
| Course Code | Click here to enter text. | Contact Phone No: | Click here to enter text. | | |
| Test Name | Click here to enter text. | | | | |
| Student Name & Number | Click here to enter text. | | | | |
| Student Signature (Test Sign In) |  | | | | |
| Date of Test Pickup |  | | | | |
| Faculty Signature |  | | | | |
| What is the REGULAR amount of time permitted for this test? | | Click here to enter text. | |  | Click here to enter text. |
| What is the date range in which the student is permitted to write? | | Hours  Click here to enter a date. | | to | Minutes  Click here to enter a date. |

**Permitted Test Specifications – please select all resources and/or materials which should be available to the student writing this test. Please note, we will only provide students with the permitted materials checked off below**.

|  |  |  |
| --- | --- | --- |
| Dictionary/Thesaurus | Internet Access | Open Book |
| Translation Dictionary | Scrap Paper | Open Notes |
| Calculator | Exam Booklet | Formula Sheet |
| Computer | Scantron Attached to Test | Other – Specify: Click here to enter text. |
| **Accommodations for students registered with Accessible Learning Services - Must be completed by instructor** | | |

* Testing Services provides all accommodations that are noted on the student’s Letter of Accommodation when requested by the student.
* Faculty: If you take exception to a permitted accommodation, on the basis of the test format or content, you must contact the Consultant assigned to that student.

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| Extra Time (see below):  Time and One Half (1.5x)  Double Time (2x) | Calculator  Computer  Use of grammar/spell checker  Memory aid (to be submitted with test by faculty)  Assistive software/devices  Private room  Reader/Scribe  Distraction minimized testing environment  Supervised breaks  Other: Click here to enter text. |
| **Test Material in Electronic Format**  This will only be accepted if the student requires an electronic copy as part of their accommodation, and noted on their Letter of Accommodation. Should this not be noted, tests will have to be submitted to Testing Services in hard copy form. |
| North/Orangeville Campus – Email to [testingservicesnorth@humber.ca](mailto:testingservicesnorth@humber.ca) |
| Lakeshore Campus – Email to [testingserviceslake@humber.ca](mailto:testingserviceslake@humber.ca) |