TEST AUTHORIZATION FORM

Student’s Name: ___________________________ Course Name: ___________________________

INSTRUCTOR TO COMPLETE THE FOLLOWING:

Amount of time given to class for: TEST: ___________ QUIZ: ___________

Materials Allowed (mark with an “X” in the box)

<table>
<thead>
<tr>
<th>No Materials (pen or pencil only)</th>
<th>Textbook</th>
<th>Scratch Paper (returned with exam)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dictionary</td>
<td>Calculator</td>
<td>Type: Rest Room Breaks</td>
</tr>
<tr>
<td>Notes</td>
<td>Formulas</td>
<td>Other</td>
</tr>
</tbody>
</table>

Special Instructions for Test/Quiz:

________________________________________________________________________

PLEASE ANSWER: (mark with an “X” below in one box or the other)

Will these parameters remain the same for all Tests/Quizzes this semester? [ ] Yes [ ] No
(If “YES” then this Test Authorization form will apply to all DS Students in this class - no other form needed)

Do you require DS Students to take Test/Quizzes on the same day as the class? [ ] Yes [ ] No
(If “NO” what is the last day that the Student can take this Test/Quiz?) _____________________________

MISSED EXAM POLICY:

If a student misses a scheduled Test/Quiz we will keep the Test/Quiz until 3pm the next business day, at which time
the Test/Quiz will be shredded.

TEST RETURN INSTRUCTIONS: (Put “X” below in one box or the other)

[ ] Will pick up from Disability Services (number to call for pick up) ___________________________

[ ] Deliver this test to instructorsDept. Bldg: ___________________________ Dept Office Room # ________

Instructors Signature: ___________________________ Date: ___________________________

Campus Phone ___________________ Off Campus ______________________ Email ___________________________

NOTICE TO INSTRUCTOR:

1. A Test Authorization Form must accompany each test/quiz if your parameters change from test to test.
2. Instructors can send/deliver a test/quiz to Disability Services an hour prior to the student’s scheduled test/quiz. Hand Delivery (Grace Wilkie Hall Rm 203), Email (ds.testing@wichita.edu), Fax (978-3114), or by Digital Drop Box.
3. Instructors are responsible for providing: Scantron answer sheets or any other materials that accompany the exam not listed above as items the student would provide.