

## Test Request Form

Today's Date: \_\_\_\_\_ Professor: \_\_\_\_\_

The following student is a client of the Atlantic Centre and has requested to write the following test at the Atlantic Centre.

Student: \_\_\_\_\_ SMU ID: **A** \_\_\_\_\_

Department: **(i.e. ANTH)** \_\_\_\_\_ Course Code: **(i.e. 3456.2B)** \_\_\_\_\_

Test Date: \_\_\_\_\_ Test time: \_\_\_\_\_

Tests will be written at the same time as the class unless specified below.

### Accommodations Requested:

Time and a ½  Double Time  Reader \_\_\_\_\_  Scribe  Enlarge

ASL interpreting  Braille  Use of PC (MS Word)  Use of PC (Kurzweil)

Alternate time and reason: \_\_\_\_\_

Other: \_\_\_\_\_

#### For office use only

**Professors:** Please **review** this request, fill in the test length and any other pertinent information below, **sign** to confirm and return through internal mail, or with the actual test.

Length of class test: \_\_\_\_\_ Materials allowed: \_\_\_\_\_ Comments: \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

Please contact the Exam Coordinator, **Megan Adams (496-8775)**, with any questions concerning the above request. Tests can be sent to the Atlantic Centre via internal mail, emailed to [megan.adams@smu.ca](mailto:megan.adams@smu.ca), faxed to 496-8122, dropped off at the Atlantic Centre on the third floor of the Student Centre or left with your department secretary for pick-up.