

Remind students to abide with the BYUH Dress and Grooming Standards in order to be administered a test in the Testing Center.

For Office Use Only

Received by: _____

Date: _____

Input by: _____

Date: _____

Picked up by: _____

Date: _____

SPECIAL FACULTY REQUEST

TEACHER: _____

PH #: _____

*** MAKEUP OR OTHER SPECIAL EXAM ***

CLASS: _____ **TEST:** _____ **DATES: START** _____ **END** _____

STUDENT NAME(S):

EXAM INSTRUCTIONS:

Write on Test

English Dictionary

Programmable Calculator

Open Book

Foreign Dictionary

Non-programmable Calculator

Notes Allowed

Electronic Dictionary

Financial Calculator

Scratch Paper

Time Limit: _____

Computer: _____

Other Special Instructions: _____

Shred all exam material after the end date

*** SCORING OF IN CLASS EXAMS ***

Points Per Question: _____

Paper copy of class roster with student scores Email results to: _____

Are any students taking this exam receiving testing accommodations?

YES (continue to fill out the form)

NO (sign and date below)

SELECT APPLICABLE ACCOMMODATIONS

1. Time extensions: total length of time permitted (if unlimited, specifying the average time plus extension)
2. Distraction-free setting: total length of time permitted
3. Assistive Technology: electronic reader, text enlarger
4. Break: (specify minutes)
5. Other:

List each student and their different accommodations separately:

1. Student Name: _____

List applicable accommodation codes for this student from the table above: _____

2. Student Name: _____

List applicable accommodation codes for this student from the table above: _____

3. Student Name: _____

List applicable accommodation codes for this student from the table above: _____

4. Student Name: _____

List applicable accommodation codes for this student from the table above: _____

Instructor's Signature

Date