

## FACULTY FORM FOR ARRANGING TESTING ACCOMMODATIONS

**Instructor: Please complete this form and attach it to the test. If you wish to send the test electronically, please call 872-2440 to be certain I am in my office to receive it. My e-mail contact is [mmeland@peru.edu](mailto:mmeland@peru.edu) .**

Testing date and time: \_\_\_\_\_

Student's name: \_\_\_\_\_

Class and Instructor: \_\_\_\_\_

May the student use a calculator?  Yes  No

May the student use textbook or notes?  Yes  No

May the student use a 3"x 5" card?  Yes  No

Do you want scratch paper or note card collected?  Yes  No

Other instructions (extended time):

\_\_\_\_\_

Please indicate preferred method for returning the completed test:

Via Campus mail

Deliver to instructor's office, building name and office number \_\_\_\_\_

Instructor will call to collect completed test

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

