**Exam/Test** **Request**

Office of Counseling & Disability Services (OCDS)

NW Fidel 1st floor Room, 150 • Phone: 575-835-6619 • Fax: 575-835-6001

 [www.nmt.edu/counseling-services](http://www.nmt.edu/counseling-services) disability@nmt.edu

**Student** **Responsibilities** • Complete this section.

• Work with instructor to determine test date and start time (see below).

- You must enter a specific date and time–**do** **not** **write** **“anytime.”**

• Return this form to the OCDS office at **least** **two** **days** **prior** to scheduled test date. • Show up at your scheduled time to take the exam.

- If you are more than 15 minutes late, you will not be allowed to test. **Call** **the** **office** **at** **835-6619**

• Any changes to test date/time must be made at least one day prior to test.

 - **You** are responsible for confirming rescheduled time with instructor.

**Student** **name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course:**

**Student** **phone:**

**By signing you agree you have received and understand the Exam/Test Request form instructions Student** **signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s** **date:**

**Student** **e-mail:**

**Instructor** **Responsibilities** • Complete this section.

• Work with student to determine test date and start time (see below).

**•** **Enter** **regular** **exam** **length** **and** **other** **exam** **parameters.**

• Deliver exam to the OCDS office **at** **least** **one** **day** **prior** to scheduled exam via fax, e-mail or hand-delivery (do not send via examinee).

• Completed exams will be returned or picked-up within **one** business day.

- Please ensure you write in how it may be returned (in person, secretary, campus mail, fax, etc.).

**Instructor** **name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s** **date:**

**Name/place** **to** **return** **completed** **exam:**

**Return** **exams** **via:**

**Instructor** **signature:**

**Exam** **details**

**Exam** **date:**

**Instructor** **phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regular** **exam** **length** **(minutes):**

**Exam** **time** **(allow** **enough** **time** **to** **be** **completed** **before** **5** **p.m.):**

**Permitted** **testing** **aids** **(please** **check):**

Open notes Open book Calculator Formula sheet

Other:

**OCDS** **Staff** **Only:**

**Initials:**

**Initials:**

**Initials:**

**Date** **form** **received:**

**Date/Time** **exam** **started:**

**Date/Time** **exam** **returned:**

**Initials:**

**Initials:**

**Date/Time** **exam** **received: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time** **exam** **stopped:**

**Receiver’s** **signature** **Receiver’s** **name:**

**Exam/Test Request**

Instructions

Office of Counseling & Disability Services (OCDS)

NW Fidel 1st floor Room, 150 • Phone: 575-835-6619 • Fax: 835-6001

[www.nmt.edu/counseling-services](http://www.nmt.edu/counseling-services) disability@nmt.edu

**Student** **is** **responsible** **for:**

• Picking up a copy of the Exam/Test Request Form at OCDS in NW Fidel 1st floor. Room #150

• Completing the student section of the form.

• Working with the instructor to set up a test date and time.

- A specific time must be written down so that OCDS can schedule the student in.

- The exam must be scheduled early enough so the student can have full time to complete the exam before 5 p.m. Therefore, if the exam is 60 minutes long, and the student has double time, then the exam must start before 3 p.m.

• Taking the exam at the scheduled time.

- After 15 minutes of schedule start time, if student has not arrived, exam will be returned to instructor. - If student is running a few minutes late, the student must call the office at 835-6619.

• If exam must be rescheduled, the student is responsible for confirming new exam date/time with instructor **before** calling the office to reschedule.

• Leaving all non-exam materials outside the exam room (eg: books, cell phones, backpacks). • Complying with the University’s honor code.

**The** **instructor** **is** **responsible** **for:**

• Working with the student to schedule a date and time.

• **Entering** **the** **exam** **time** **limit:** how many minutes are you giving all the students, generally, to complete the exam? OCDS office will calculate out any extended time–as described in the Accommodations Form.

• **Entering** **other** **exam** **parameters** **(test** **aides** **or** **other** **special** **instructions).**

• Completing the instructor section of the Exam/Test Request Form. You may ask the student to complete all but the signature of this section. (*For your convenience the exam/test request form is on our website on top).*

• Getting exam materials to the OCDS **at** **least** **one** **day** **before** the scheduled exam date. Exams may be:

- E-mailed to disability@nmt.edu

- Faxed to 835-6001

- Hand-delivered to OCDS–please do not send exam with student

• **Listing** **any** **special** **examination** **aids** students may use (calculators, books, notes, etc).

**Office of Counseling & Disability** **Services** **is** **responsible** **for:**

• Providing exam accommodations (OCDS will calculate any extended time).

• Administering the exam on the scheduled date and time.

• Proctoring/monitoring students.

• Returning completed exams to instructor within one day of completion–unless instructor requests that the exam be picked-up.

• Shredding exams not taken by the student two weeks after the test date.

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