Exam/Test Request Form

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 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: _____ **Today's date:** _____

Course: _____

Student phone: _____ **Student e-mail:** _____

By signing you agree you have received and understand the Exam/Test Request form instructions

Student signature: _____

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:_____ **Instructor phone:** _____

Today's date: _____

Name/place to return completed exam: _____

Return exams via: _____

Instructor signature: _____

Exam details

Exam date: _____ **Regular exam length (minutes):** _____

Exam time (allow enough time to be completed before 5 p.m.):_____ **Student has:** ◉ **3x** ○ **2x** ○ **1.5x for exams** **(check one)**

Permitted testing aids (please check):

☐ Open notes ☐ Open book ☐ Calculator ☐ Formula sheet

☐ Other: _____

OCDS Staff Only:

Initials: _____ **Date form received:** _____ **Initials:** _____ **Date/Time exam received:** _____

Initials: _____ **Date/Time exam started:** _____ **Initials:** _____ **Time exam stopped:** _____

Initials: _____ **Date/Time exam returned:** _____

Receiver's signature _____ **Receiver's name:** _____

Exam/Test Request

Instructions

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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.