



UNIVERSITY OF  
NEW ENGLAND

**Disability Services (DS)**

**NOTIFICATION OF SPECIAL MATERIALS PERMITTED DURING THE  
ADMINISTRATION OF A TEST**

**TO THE INSTRUCTOR:**

Please complete the following information:

**Student's Name** \_\_\_\_\_

**Course Title** \_\_\_\_\_

**Date and Time of Test** \_\_\_\_\_

Special materials permitted during this test (check all that apply):

\_\_\_\_\_ Textbooks

\_\_\_\_\_ Journal or magazine article(s)

\_\_\_\_\_ Class notes

\_\_\_\_\_ Other (Please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Scrap Paper

\_\_\_\_\_ Dictionary

\_\_\_\_\_ Formula Sheet

\_\_\_\_\_ Calculator

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

**Please include this form with the student's test in a security envelope.**