Disability Services

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

_____ Scrap Paper

_____ Journal or magazine article(s)

_____ Dictionary

_____ Class notes

_____ Formula Sheet

_____ Calculator

_____ Other (Please explain)

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Instructor’s Signature
_______________________________________________________________________

Date

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