

Accommodated Test Administration Form

Students must return this form to the ALC **at least five (5) business days** before the scheduled exam date. Please note testing rooms can only be reserved when this form is completed accurately by students & instructors.

TO BE COMPLETED BY STUDENT	
STUDENT NAME: _____ PHONE NUMBER: _____	EXAM DATE: _____
COURSE (e.g., ANT 310): _____	EXAM TIME: _____
EXAM ACCOMMODATIONS REQUESTED: <i>(Approved by Yuriko Beaman and on accommodation letters)</i> <input type="checkbox"/> 50% extra time <input type="checkbox"/> Distraction reduced environment <input type="checkbox"/> Computer use for exam <input type="checkbox"/> Exam read by computer or in audio format <input type="checkbox"/> Other: _____	
ACADEMIC HONESTY AGREEMENT: The ALC testing environment recognizes the same high standards of academic honesty that are expected and enforced in the classroom. As part of taking an exam in the ALC, I agree to maintain academic integrity, as outlined by Albright College's Academic Integrity Policy. I further understand that cheating will not be tolerated and all instances of suspected academic dishonesty will be referred to the instructor by ALC staff.	
STUDENT SIGNATURE: _____	
TO BE COMPLETED BY INSTRUCTOR	
INSTRUCTOR NAME: _____ PHONE # _____	
TIME ALLOWED for the test/quiz for the general class: _____ min (If no time is indicated, ALC will assume the full class period.) ___ I approve the day and the time for the exam as indicated by the student above. ___ I would like the student to take the exam on ___/___/___ and at ___:___ am/pm	
MATERIALS PERMITTED FOR TEST OR QUIZ: <u>Please provide scantron forms</u> ___ Non-graphing Calculator ___ Graphing Calculator ___ Formula Sheets ___ Open Book ___ Open Notes ___ Other _____	
Are you available to answer questions during the exam? Yes or No <i>(please circle one)</i> If yes, please provide a cell phone # _____	
EXAM DELIVERED TO ALC: <i>(at least 24 hours in advance preferred)</i> ___ Email to testing@albright.edu (Only professional staff have access to this email) ___ Hand delivered to ALC (In the basement of Administration/Library building) ___ Hand delivered by student (Exam must be in a signed, tape-sealed envelope)	
EXAM RETURNED VIA: ___ Instructor or designee will pick up at the Academic Learning Center between 8:30am-4:30pm. ___ Hand Deliver to building name, _____, and office number, _____, within 48 business hours. To maximize exam safety, the ALC prefers to physically deliver exams to the building secretary or instructor. Should this not be possible at time of drop-off, the exam will be held at the ALC until the professor is able to pick it up. The ALC will email the instructor to confirm exam delivery to a secretary or if the exam has to be held in the ALC.	
DATE: _____	INSTRUCTOR SIGNATURE: _____
<i>When printing, please print double sided</i>	

TO BE COMPLETED BY THE ALC

Date Exam Received: # of Exam Pages:	ALC Staff Signature (for exam receipt):
ALC Staff Signature (on completion of exam): _____	Student Signature (on completion of exam): _____
# of Exam Pages Submitted (including student pages):	
Exam Start Time:	Exam End Time:
Exam Delivered to:	Signature:

Please contact Yuriko Beaman or the Academic Learning Center (ALC) with questions.
610 -921-7662 or academiclearningcenter@albright.edu
610-929-6639 or ybeaman@albright.edu

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