

Learning Resource Center Faculty Testing Instructions

(PLEASE COMPLETE & ATTACH TO TEST)

STUDENT NAME: _____

COURSE: _____

INSTRUCTOR: _____

DATE/TIME TEST CAN BE TAKEN: _____

TIME LIMIT FOR EXAM: _____

SPECIAL INSTRUCTIONS: (Please check all that apply)

- STUDENT HAS ACCOMMODATIONS (Please list below)
- STUDENT MAY USE _____ (#) PAGES OF NOTES
- STUDENT MAY USE TEXT BOOK
- STUDENT MAY USE CALCULATOR
- ATTACH SCRATCH PAPER TO COMPLETED TEST
- RESPONDUS CANVAS PASSWORD: _____
- RESPONDUS HAWKES PASSWORD: _____
EXIT PASSWORD (if needed): _____
- NON-RESPONDUS PASSWORD: _____

List all accommodations: _____

[If testing reader is allowed, please email in WORD document (.doc/.docx) format]

Other instructions: _____
