**TEST AUTHORIZATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: |  | Course Name: |  |

**INSTRUCTOR TO COMPLETE THE FOLLOWING:**

|  |  |
| --- | --- |
|  Amount of time given to class for: | TEST: QUIZ: |

Materials Allowed (mark with an “**X**” in the box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No Materials (pen or pencil only) |  | Textbook |  | Scratch Paper (returned with exam) |
|  | Dictionary |  | Calculator | Type: |  | Rest Room Breaks |
|  | Notes |  | Formulas |  | Other |

Special Instructions for Test/Quiz:

|  |
| --- |
|  |
|  |

**PLEASE ANSWER:** (mark with an “**X**” below in one box or the other)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will these parameters remain the same for all Tests/Quizzes this semester? |  | Yes |  | No |
| (If “**YES**” then this Test Authorization form will apply to all DS Students in this class - no other form needed) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you require DS Students to take Test/Quizzes on the same day as the class? |  | Yes |  | No |

|  |  |
| --- | --- |
| (If “**NO**” what is the last day that the Student can take this Test/Quiz?) |  |

**MISSED EXAM POLICY:**

|  |
| --- |
| If a student misses a scheduled Test/Quiz we will keep the Test/Quiz until 3pm the next business day, at which time the Test/Quiz will be shredded.  |

**TEST RETURN INSTRUCTIONS:** (Put “**X**” below in one box or the other)

|  |  |  |
| --- | --- | --- |
|  | Will pick up from Disability Services (number to call for pick up) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Deliver this test to instructors Dept. | Bldg: |  | Dept Office Room # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Instructors Signature: |  | Date: |  |

|  |
| --- |
| Campus Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Off Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTICE TO INSTRUCTOR:**

1. A Test Authorization Form must accompany each test/quiz if your parameters change from test to test.
2. Instructors can send/deliver a test/quiz to Disability Services an hour prior to the student’s scheduled test/quiz. **Hand Delivery** (Grace Wilkie Hall Rm 203), **Email** (ds.testing@wichita.edu), **Fax** (978-3114), or by **Digital Drop Box**.
3. Instructors are responsible for providing: Scantron answer sheets or any other materials that accompany the exam not listed above as items the student would provide.

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