



UNIVERSITY OF MISSISSIPPI

STUDENT DISABILITY SERVICES

TESTING STAFF ONLY

Emailed Student: _____

Emailed Instructor: _____

TESTING STAFF ONLY

Test Delivery Method:

Online: _____

Hand Delivered: _____

Testing Center Form

IMPORTANT: Fill out a testing form for each student using the SDS Testing Center. You may list multiple tests on one form. The form should be submitted by email to sdstesting@olemiss.edu at least five business days of the test date to reserve a testing space. Space is reserved on a first come, first serve basis. Please contact the Testing Center at x2524 or SDS at x7128 if you have questions.

General Information:

Student's Name: _____ ID#: _____

Student Cell Phone: _____ Student Email: _____@go.olemiss.edu

Instructor's Name: _____ Instructor Email: _____@olemiss.edu

Course and Section: _____ Instructor Cell Phone: _____

Test Information:

Date of Test: _____ Class Start Time: _____ Class End Time: _____

Date of Test (2): _____ Date of Test (3): _____ Date of Test (4): _____

Accommodations:

____ Extended Time (1.5) ____ Extended Time (2.0) ____ Speech to Text Software

____ Distraction-Reduced Environment ____ Test Reader ____ Test Scribe

____ Use of Word Processor ____ Screen Reader ____ 4 Function Calculator

____ Write directly on Test/Assistance with Scrantron Other: _____

Materials Allowed or Required:

____ Calculator ____ Notes ____ Open Book ____ BlueBook ____ Scrantron

Other: _____

Testing Staff Only:

Date of Test: _____ Time Started: _____ Time Completed: _____

Student Signature: _____ Date: _____

Proctor Signature: _____ Date: _____ Time: _____/_____

Signature of Instructor picking up test: _____ Date: _____

Scheduling information: _____

Testing Comments:
