

**TEST REQUEST FORM**  
**Disability Access & Advising (D<sup>2</sup>A<sup>2</sup>)**  
**421 Eberly    724-357-4067**

Date received by D<sup>2</sup>A<sup>2</sup>

- Submit this form at least **3 work/school days** (not including the test day) prior to the requested testing date.
- For **finals**, submit this form at least **1 week** prior to the requested testing date.  
(Failure to submit a request as noted above may lead to not receiving an accommodated test.)

**D<sup>2</sup>A<sup>2</sup> operating hours are 8:00 am to 4:30 pm, Monday – Friday**

(If you must take a test outside of these hours, please make special arrangements with D<sup>2</sup>A<sup>2</sup> to do so.)

**Student's Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Student's Phone #:** \_\_\_\_\_ **Student's Email:** \_\_\_\_\_

**Professor's Name (first & last):** \_\_\_\_\_ **Professor's Phone #:** \_\_\_\_\_

**Professor's Email:** \_\_\_\_\_ **Class:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (ex. PSYC 101-001)

**Date & Time you wish to take the test at D<sup>2</sup>A<sup>2</sup>:**

(Be sure to take into consideration your extended time when choosing a start time.)

- **1st choice:** \_\_Mon\_\_Tues\_\_Wed\_\_Thur\_\_Fri **Month:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_
- **2nd choice:** \_\_Mon\_\_Tues\_\_Wed\_\_Thur\_\_Fri **Month:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**What type of non-standard testing will you require?**

- Extended Time \_\_\_\_\_
- Reader \_\_\_\_\_
- Transcribed \_\_\_\_\_
- Computer Use \_\_\_\_\_

**Other/special instructions or needs?** (e.g., proctor typing on their laptop during the test would be distracting)

- We will make every effort to have a 1:1 student-proctor ratio, depending upon scheduling demand.
- In some circumstances, a proctor may move between two side-by-side rooms, with an open doorway between them.
- There will be a low-distraction testing environment in all cases.
- During **finals**, several students may share a proctor in a larger space. (Finals test request forms due 5 work days, not incl. test day, in advance)
- Read and/or transcribed tests are 1:1.
- During a test, alert your proctor immediately if there is a concern. Ask the proctor to alert our office immediately, so that they can address the issue before the test concludes.
- Submit test request forms at least **3 work/school days** (not including the test day) prior to the requested testing date.

**Professor's info must be fully completed on the back**

**To be completed ONLY by D<sup>2</sup>A<sup>2</sup> personnel**

Assigned Test Number:	Assigned Testing Room:
Sent Out Proctor Email Request:	Entered on Testing Calendar:
Assigned Proctor:	Received Test:
Sent Email Confirmation to Professor, Student & Proctor:	Test Delivered:

**This side of the form must be fully completed by the PROFESSOR  
prior to the STUDENT turning it into D<sup>2</sup>A<sup>2</sup>**

Dear Professor:

- As you complete this form, please note the student's scheduling DEADLINES (front side).
- Return the completed form to the **STUDENT**, who will then turn the form into D<sup>2</sup>A<sup>2</sup>.
- In case of a delay, or a time crunch, you may scan the completed form and email it to [dss-test@iup.edu](mailto:dss-test@iup.edu)

**Professor's Department Location:** \_\_\_\_\_  
(If the completed test is to be delivered back to you by D<sup>2</sup>A<sup>2</sup>, this is the location where it will be hand delivered.)

**Department Phone #:** \_\_\_\_\_ **Alternate Faculty Phone #:** \_\_\_\_\_  
(e.g., your cell phone # -- To be used only in case we need to contact you directly if important questions or issues arise during testing.)

**NORMAL time allotted to complete test:** \_\_\_\_\_

**This is used to calculate the  
student's extended time and  
MUST be indicated**

**Please indicate how the test will be provided to D<sup>2</sup>A<sup>2</sup>:**

- \_\_\_\_\_ On D2L or Computer
- \_\_\_\_\_ Hand delivered by professor
- \_\_\_\_\_ Emailed as attachment to [dss-test@iup.edu](mailto:dss-test@iup.edu)
- \_\_\_\_\_ Faxed to D<sup>2</sup>A<sup>2</sup> at 724-357-2889
- \_\_\_\_\_ D<sup>2</sup>A<sup>2</sup> to pick-up test \*

\* Date test should be picked-up: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

(If D<sup>2</sup>A<sup>2</sup> is to pick-up the test, we will do so at the professor's departmental office from the secretary. If the student is taking the test in the A.M., the test will have to be picked-up by the afternoon before the testing date. If the student is taking the test in the P.M., the test will have to be picked-up by the morning of the testing date.)

**Check here if YOU want to pick-up the completed test from D<sup>2</sup>A<sup>2</sup>** \_\_\_\_\_

(If not checked, by default D<sup>2</sup>A<sup>2</sup> will hand deliver it back to your departmental secretary.)

**Professor's Special Instructions:** Note any additional resources allowed (e.g., use of calculator, notes, open book, etc.).  
(If no special instructions are included, by default D<sup>2</sup>A<sup>2</sup> will only allow the student a writing utensil during testing.)

**Professor's Signature:** \_\_\_\_\_

(By signing this form, you are authorizing approval for the student's requested test times on the front side of this form.)