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| **TEST REQUEST FORM** Academic Centre for Testing (ACT) | **A red and white sign  Description automatically generated with medium confidence** |

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| --- |
| **Instructor’s FIRST & LAST Name:**  |
| **Course Code:**  | **Course Name:**  |

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| --- | --- | --- |
| **Accommodated Tests:** |  | **Missed Tests:** |
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| Students registered with International/AccessAbility Services can write this test in ACT: |
| [ ]  YES [ ]  NO |

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| Indicate YES if you would like ACT to use the names listed on your ACT Eligibility List: |
| [ ]  YES [ ]  NO |

**OR you may provide a list of the names here:**

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 |  | **Please** **provide a list of student(s) who are allowed to write a missed test:**

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**The student(s) must write the test by:** *(insert date)*

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| **TEST DETAILS** |
| **Date the Class Writes**: (e.g. Tues., Jan. 14)

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**Time the Class Writes:** (e.g. 10:00)

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Test Duration (for the class):

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| --- | --- | --- | --- |
|  | HOURS |  | MINUTES |

**AIDS ALLOWED:** *click the box for yes.**These are aids the* ***whole class*** *is permitted to use.*

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| [ ]  Scantron Sheet | [ ]  Open Textbook |
| [ ]  Calculator | [ ]  Open Notebook |
| [ ]  Computer- Notes, Canvas | [ ]  Computer-Internet- Full Access |

 |  | **How should ACT contact you if students have questions?**

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| --- |
| [ ]  Email:  |
|  |

**OTHER NOTES/COMMENTS:**

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