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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:** |
| |  | | --- | | Students registered with International/AccessAbility Services can write this test in ACT: | | YES  NO |  |  | | --- | | 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:**   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | **Please** **provide a list of student(s) who are allowed to write a missed test:**   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  |   **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)   |  | | --- | |  |   **Time the Class Writes:** (e.g. 10:00)   |  | | --- | |  |   Test Duration (for the class):   |  |  |  |  | | --- | --- | --- | --- | |  | HOURS |  | MINUTES |   **AIDS ALLOWED:** *click the box for yes.*  *These are aids the* ***whole class*** *is permitted to use.*   |  |  | | --- | --- | | Scantron Sheet | Open Textbook | | Calculator | Open Notebook | | Computer- Notes,  Canvas | Computer-Internet-  Full Access | |  | **How should ACT contact you if students have questions?**   |  | | --- | | Email: | |  |   **OTHER NOTES/COMMENTS:**   |  | | --- | |  | |