Albany State University

Student Test Request Form

If an instructor does not have the resources to provide the arrangements needed to make an exam accessible, arrangements may be made to have exams proctored in the Student Disability Services Office. Not to be confused with the Office of Testing. To utilize this service, you must be signed up with the Student Disability Services Office and you must have requested a Faculty Letter for the course for which you have the exam.

When scheduling your exam, please remember that our office is open Monday through Friday from 8:00 am to 5:00 pm. If possible, please do not schedule test after 3 pm on Monday - Friday. If this is a problem, please contact us directly at 229.500-2013. Exams should be scheduled at the regular class time. If an exam time conflicts with another class or falls outside of normal business hours, the student and Instructor should discuss whether or not if an alternate testing time will alleviate the conflict. If no alternative testing time is possible, the Student Disability Services Office will make arrangements decide to proctor outside of normal business hours.

Testing time will begin at the start of the scheduled time for an exam. If a student arrives late, they will lose that testing time as they would in the classroom setting. If a student cannot make the scheduled exam time for any reason, the Student Disability Services Office will need instructor permission to reschedule any make-up exam.

All Exams in the Student Disability Services Office are proctored with the use of cameras. Cameras are used in place of in-room proctors. They do not record or have audio.

Exams should be requested at least two (2) business days before the exam date. Later requests may not be possible to obtain in time for the requested exam date.

Please fill out the fields below. Red asterisks indicate fields that are required for submission.

PERSONAL DATA

NAME: _____ _____ _____ DATE: _____

LAST *   FIRST *   INT.   MM/YY/DD *

_____ _____ _____ _____

STUDENT ID NUMBER   STUDENT PHONE NUMBER   STUDENT ASU EMAIL   TERM

COURSE INFORMATION

COURSE: _____

COURSE ABBREVIATION AND NUMBER WITH SECTION (FOR EXAMPLE, MATH 1101A)

INSTRUCTOR NAME: _____ _____

LAST   FIRST

DATE OF EXAM

_____ _____ _____

MONTH   DAY   YEAR

TIME OF EXAM

_____ _____ _____

HOUR   MINUTE   AM OR PM

Other.