Test Scheduling Form

Phone: (804) 289-8639
Email form to: testingcenter@richmond.edu
Fax: (804) 287-6578 (please call to confirm receipt)

Please note:
- A Test Scheduling Form should be completed and signed for each student and for each test.
- A Test Scheduling Form should be received in the ATC at least 3 business days before a test/exam.
- Exams should be delivered to the ATC a minimum of 1 full business day prior to student’s exam.
- Students should provide 2 copies of the DAN: one for the instructor to keep, and one to attach to this form for the ATC.
- Instructors, if you provide any test materials or instructions to your class, please include them when delivering test.
- Instructors should authorize any and all testing form information changes in person or via email.
- Tests are administered Monday through Friday, 8:30 a.m. - 5 p.m. (Tests must be scheduled to finish by 5 p.m.)

PAGE 1 TO BE COMPLETED BY THE STUDENT

Name: ___________________________ UR ID#: ____________________ Phone #: ___________________
CRN: ___________ Course Subject/# (ex: ENGL 200): _______________ Instructor Name: _________________________

For accommodations requiring use of an ATC computer: □ PC □ MAC Software Required (if any) ________________

Student Testing Agreement

I understand that I am responsible for:
- Submitting the Test Scheduling Form (and 2 copies of the DAN, if accommodated) to my instructor. I should complete this with plenty of time for the instructor to be able to submit the request so that the ATC receives it at least 3 business days in advance of the exam.
- Making arrangements ahead of time to address any scheduling conflicts with other classes or commitments.
- Contacting my Disability Advisor if I have questions regarding my DAN.
- Contacting my instructor before the exam if I have questions regarding materials allowed.
- Notifying the ATC before the exam if I need to reschedule or cancel an exam in the ATC (e.g. sudden illness or deciding to take the exam with the rest of the class).
- Arriving at least 10 minutes prior to the scheduled exam time so that I can check in and secure all of my personal belongings in a locker.
- Promptly notifying the ATC if I experience any type of question or difficulty during the exam.
- Abiding by the University Honor Code at all times.

I am aware that:
- The ATC uses closed circuit video cameras to monitor student activity in the testing rooms.
- I may not leave the ATC / ATC restroom area until my exam is complete.
- No personal items (including, but not limited to cell phones, electronic devices, smart watches, back packs, bags, food or drinks etc.) will be allowed in the testing room; lockers will be provided for students.
- Except for students with food-specific accommodations, students may only bring a clear bottle of water with the label removed.
- The ATC is not responsible for lost or stolen items.
- The testing room is a quiet location; if I have a question or problem, I need to leave the testing room to ask a question.
- At the end of the exam, all testing materials including formula sheets and scrap paper will be returned to the instructor with my exam materials.

Signature _____________________________ Date ____________ Email _______________________________________

4/7/2017
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PAGE 2 TO BE COMPLETED BY THE INSTRUCTOR

Test Type (Check all that apply):  
☐ Make-up for approved UR-sponsored athletic events  
☐ Make-up for approved UR-sponsored non-athletic events  
☐ Study Abroad Proctor  
☐ Accommodated (**Please include a copy of the DAN**)  

Exam to be printed:  
☐ Front/Back  
☐ Single-sided  
☐ Black & White  
☐ Color

Exam Details/Specifications: Student is permitted to bring and/or use the following (please check at least one):

☐ NONE  
☐ Textbook/Open Book (specify book titles) _____________________________  
☐ Notes  
☐ Calculator (specify type) _____________________________  
☐ Breaks (bathroom/water)  
☐ Class or Exam Related Software _____________________________  
☐ Computer  
☐ Other (please specify): _____________________________  
☐ Scratch Paper

Additional Instructions: ______________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Exam format also includes (check all that apply):

☐ PowerPoint  
☐ Audio Clip  
☐ Video Clip  
☐ Other: _______________________________  

Contact info during exam for student questions: Ph: _________ Email: ______________________________

Amount of time class receives for exam: _______ min. (ATC will adjust time accordingly for extended time accommodation)

Is class allowed to come early/stay late for the exam?  
☐ No  
☐ Yes   ______  minutes early      _____   minutes late

Delivery of completed exam (check at least one):

☐ Pick up at ATC (located in Registrar’s Office) **please pick up within 48 hours of exam completion**  
☐ Email to my richmond.edu email address  
☐ Campus mail (in confidential sealed and stamped envelope)

Exam Day/Date Requested in ATC: _____________________________  Exam Start Time: ______________

Instructor Signature: __________________________________________________  Date: _________________________

__________________________________________________________________________________________________

ATC OFFICE USE ONLY

SCHEDULED:  Date: _________ Test Start Time: ___________ Test End Time: ___________ Time allowed: ___________


Testing Notes/Observations (breaks, etc.): ______________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Exam emailed / mailed by (circle one): ______________________ Exam picked up by: ____________________________

initial and date sign and date

4/7/17