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 with information for each test/exam.
• 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. except finals)

PAGE 1 TO BE COMPLETED BY THE STUDENT

Name: ___________________________ UR ID#: ___________________________ Phone #: __________________

5-digit 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 ___________________________
Test Scheduling Form

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 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)

Additional Instructions: (including if materials are allowed during some exams but not others)

Exam format also includes (check all that apply):

- ☐ PowerPoint
- ☐ Audio Clip
- ☐ Video Clip
- ☐ Other: ______________________________

Contact info during exams for student questions:

- Ph: __________________________ Email: __________________________

Exam # | Exam Day/Date Requested (e.g. Fri, Jul 9) | Exam Start Time | Amount of Time Class Receives for Exam (ATC adjusts if DAN allows) | # of minutes class can come early or stay late for exam (if permitted) | Exam Print Instructions: * Front/Back or Single * B & W or Color | Delivery of Completed Exam: * Pick up at ATC * Email * Campus Mail (circle at least one) |
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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

9/20/17