



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): _____
 Scratch Paper

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) Early / Late	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)
1.				/	FB or Single / BW or Color	PU Email Mail
2.				/	FB or Single / BW or Color	PU Email Mail
3.				/	FB or Single / BW or Color	PU Email Mail
4.				/	FB or Single / BW or Color	PU Email Mail
5.				/	FB or Single / BW or Color	PU Email Mail

Instructor Signature: _____ Date: _____

ATC OFFICE USE ONLY

SCHEDULED: Date: _____ Test Start Time: _____ Test End Time: _____ Time allowed: _____

ACTUAL: Time of Arrival: _____ Time Started: _____ Time Completed: _____ Total Test Time: _____ min.

Testing Notes/Observations (breaks, etc.): _____

Exam emailed / mailed by (circle one): _____ Exam picked up by: _____
initial and date sign and date