

Request to Test Form

- Full– Time Programs
 Faculty of Continuing Education Programs

- Newnham Seneca@York
 King Markham



Accommodated student(s)

PROFESSOR: _____

<u>Student Name(s)</u> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ FCET check box if PLA <input type="checkbox"/>	Contact #:
	Alt. Contact: _____ Alt. Contact #: _____
	Program: _____ Course Code: _____
	Duration of Test: _____ x _____ = _____
	First Date test can be written: _____
	Latest Date test can be written: _____
If required, earliest start time : _____	
If required, latest start time : _____	

Select either No or Yes for each Test Aid appearing below.

	NO	YES	
Booklet(s)*	<input type="checkbox"/>	<input type="checkbox"/>	*Must be supplied by professor
Scantron*	<input type="checkbox"/>	<input type="checkbox"/>	*Must be supplied by professor
Computer	<input type="checkbox"/>	<input type="checkbox"/>	WordPad NO <input type="checkbox"/> YES <input type="checkbox"/> Word Processor spelling/grammar/thesaurus NO <input type="checkbox"/> YES <input type="checkbox"/>
MYApps	<input type="checkbox"/>	<input type="checkbox"/>	Program/Assistive Tech.: _____
Internet	<input type="checkbox"/>	<input type="checkbox"/>	Password/URL: _____ Confidential NO <input type="checkbox"/> YES <input type="checkbox"/>
USB*	<input type="checkbox"/>	<input type="checkbox"/>	*Must be supplied by professor
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	Programmable <input type="checkbox"/> Non-Programmable <input type="checkbox"/>
Dictionary	<input type="checkbox"/>	<input type="checkbox"/>	English <input type="checkbox"/> Translation <input type="checkbox"/> Any <input type="checkbox"/> Thesaurus <input type="checkbox"/>
Student Notes	<input type="checkbox"/>	<input type="checkbox"/>	(Select) Notes Approved Memory Aid eBook(s) Collect? NO <input type="checkbox"/> YES <input type="checkbox"/> Details: _____
Text/Resource	<input type="checkbox"/>	<input type="checkbox"/>	Details: _____ Annotations? NO <input type="checkbox"/> YES <input type="checkbox"/>
Scrap Paper	<input type="checkbox"/>	<input type="checkbox"/>	*Supplied by Test Centre: collected
Alternate Space	<input type="checkbox"/>	<input type="checkbox"/>	*Reduced distraction
Semi/Private Room	<input type="checkbox"/>	<input type="checkbox"/>	
Take Breaks	<input type="checkbox"/>	<input type="checkbox"/>	*Includes food/drinks/medication as per accommodation

Other Instructions _____

To be filled out and signed by professor when picking up test:

# of Completed Tests:	Received by:	Date:
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