



Student Disability Services
Testing Request Form / Log Sheet
Phone: 256.306.2630 Email: ada@calhoun.edu

Student Name: _____ A#: _____

Course Name: _____ Course #: _____

Instructor Name: _____ Course Section: _____

Test type:

_____ Paper _____ Computerized (*online*)

In-class test date and time: _____ Student test deadline: _____

Standard time allowed to complete exam (*our office will calculate the extended time*): _____

Materials allowed (*select all that apply*):

_____ Textbook _____ Notes _____ Scratch Paper _____ Calculator _____ Other (*Please specify*) _____

Test return option:

_____ Campus mail _____ Instructor pickup _____ Other (*Please specify*) _____

Additional information / comments: _____

FOR STUDENT DISABILITY SERVICES OFFICE USE ONLY

Request received date: _____ Via: Email _____ Mail _____ In-person _____

Scheduled date for exam: _____ Scheduled time for exam: _____

Exam start time: _____ Exam end time: _____

Return method:

Campus mail _____ Date: _____ Staff initials: _____

Picked up _____ Authorized Signature: _____