

REQUIREMENTS FOR TESTING ACCOMMODATIONS

Section 1: Student Information

Name: SID: Email:

Course: Instructor (First and Last Name):
(e.g. BIOL 211)

Important Information

- **ATS Hours of Operation: Monday-Friday -8:30am-3:00pm (tests must be completed by 4:45pm)**

All test requests must be scheduled by the student at least one week (5 business days) in advance.

- **Example:** If you have a test on Thursday, January 26, you should have submitted this form on or before Thursday, January 19.

Tests should be scheduled on the same day/time as when your class is taking it unless there is an academic-scheduling conflict (e.g. back-to-back class; evening class when ATS is not open). **If you have an academic-scheduling conflict, please discuss that with your professor and arrange for an ALTERNATE testing time before submitting this form.**

Regular class meeting:

Mon. Tues. Weds
 Thurs. Fri.

*Exam date:

*Exam time:

Time Accommodation:

1.5 2.0

Online test (e.g., OAKS):

Yes No Unsure

Other Accommodation Needs:

Computer Scribe
 Reader Speech to Text
 Other:

By submitting this form, I understand:

- I am responsible for arriving at the time of my reservation to take the test. I understand that coming at a later time does not guarantee that I will have a space.
- Even though my accommodations may allow the use of specific software, Word, or other applications for testing purposes, I may not visit other sites, folders, emails, etc. while testing unless directed to do so by CDS/SNAP staff or specifically stated in writing by my professor to the CDS/SNAP staff prior to the beginning of the test.
- I am aware that a proctor will monitor all activities in the testing site to protect me from unsubstantiated accusations.
- I will demonstrate academic integrity in accordance with the College of Charleston Student Code of Conduct. CDS/SNAP staff reports all instances of suspected academic dishonesty to the Dean of Students, the professor, and/or other College personnel.

Typing your first and last name below will serve as an electronic signature to this ATS form.

Signature: Date:

Section 2: Professor Information

Important Information

ATS Hours of Operation: Monday-Friday – 8:30am-3:00pm
(tests must be completed by 4:45PM)

- All test requests must be scheduled by the student at least one week (5 business days in advance).
- Tests should be scheduled by students on the same day/time as when their class is taking it unless there is an academic-scheduling conflict. See above page regarding this information.
- Please complete this second page of the ATS form and return it to us (along with your test) using SecureShare (as indicated in the instructions provided via email) prior to the day/time the student is expected to utilize the ATS.

If you have any questions, please contact Yvette Lambright or Redina Alston at ATS@cofc.edu.

Instructor (First and Last Name):

Course prefix and course number (e.g., BIOL 211)

Preferred way to contact you if your student has a question or needs clarification during testing:

Email:

Phone:

Section 3: Exam Information (to be filled out by the professor)

Time allocated for exam in class:

Materials allowed: No outside materials

Calculator – type: memory deleted? Yes No

Periodic Table Textbook(s) Notes Notecard Formula Sheet

Computer Internet Use Spell-checker Dictionary Scratch Paper

Other:

Are bathroom breaks allowed during testing if not specified by an accommodation? Yes No

Is this an online test (taken via OAKS/other online tool)? Yes No

(Online testing automatically submits at conclusion of test)

If yes, what additional information is needed to access the exam (i.e., password)?

If not an online test, has the test been attached? Yes No

Section 4: Exam Return Information (to be filled out by the professor)

Please scan and email to:

Section 5: Signature Verification

Professor's signature:

Date: