Adaptive Testing Request Form
Disability Access Services
131 Millennium Student Center

Today’s Date: ___________________________ Semester: ___________________________

FIRST STEP:
Contact the testing site to make an appointment:
Campus Testing Center (CTC) 93 JCP email (assessctr@umsl.edu).

or

Disability Access Services (DAS) 131 MSC at 516-6554 or email (dastesting@umsl.edu)

PART A:
(TO BE COMPLETED BY STUDENT)
The following signature verifies that
Student’s I.D. # _____________________________

STUDENT NAME (PRINT)

PART B:
(TO BE COMPLETED BY STUDENT)
Course Name & Number ___________________________
Class Test Date & Time ___________________________
Check the following accommodations:
( ) Extended time
( ) Reader (Arrange thru DAS@ 516-6554)
( ) Writer (Arrange thru DAS@ 516-6554)
( ) Interpreter (Arrange thru DAS @ 516-6554)
( ) Enlarged Test
( ) Need to use computer
( ) Other: _____________________________

PART C:
(TO BE COMPLETED BY STUDENT)
Testing Date: _____________________________
Testing Time: _____________________________
Testing Site: _____________________________

Student’s Signature

Student will leave this form with the instructor who will complete Part D.
This form needs be returned to the testing site prior to the exam.

PART D:
(TO BE COMPLETED BY INSTRUCTOR)
Instructor’s Name: ___________________________
Department: _____________________________

* Please check all of the following that apply

Exam instructions:
( ) How much time will the rest of the class have to take the exam. ___________________________
( ) May use open book
( ) May use notes
( ) May use calculator
( ) Other _____________________________

Exam delivery:
( ) I will drop off exam
( ) I will send exam through e-mail to DAS (dastesting@umsl.edu) or CTC (assessctr@umsl.edu)
( ) I will send exam by fax: (DAS) 516-6561 or (CTC) 516-7346
( ) I will send exam through inter-campus mail
(Please allow 4 days for campus mail)

Returning completed exam:
( ) Completed exam will be picked up
( ) Campus mail the completed test to: ___________________________
( ) Scan the exam and email a pdf to: ________________________________________

Instructor’s Signature

PART E: (TO BE COMPLETED BY TESTING SITE)

Date test was taken: ___________________________
Time Started: ___________________________
Time Completed: ___________________________
Total Time Taken: ___________________________

Test Administered by: Please Print

Test Administered by: Signature

Revised 6/19/2017