**ADA Testing Form**

Email form to adatesting@vernoncollege.edu or deliver to an ADA Testing Location no later than 3 business days prior to exam.

Vernon- Wright Library, Room 221; CCC- Quiet Testing, Room 114

Date of Request: Click here to enter a date.

Instructor Name: Click here to enter your name.

Extension #: 0000

Instructor Email: Click here to enter email.

Name of Student Testing: Click here to enter student’s name.

Campus where student will test: Choose an item.

Course/Section: Enter course # here.

Exam # or Name: Enter exam # or name here

Date the class will take exam: Click to enter a date.

Class time allotted: Total time class is allowed in minutes.

**(Note that some students will not be testing at the same time as the class due to scheduling conflicts)**

Format of Test: Online: [ ]  or Paper/Pencil: [ ]

Password (if online exam): Click to enter text.

Use Respondus Lockdown Browser? Y[ ]  N[ ]

If paper exam, is a scantron required? Y[ ]  N[ ]  (Student is responsible for providing scantron.)

How do you want exam (if paper/pencil exam) or scantron returned to you? Choose an item.

Testing Aids allowed (please check all that apply):

Open book[ ]  Notes[ ]  Scratch Paper[ ]  Calculator[ ]  Type of Calculator?

Dictionary[ ]  Thesaurus[ ]  Other[ ]  Specify here.

Any other information we need to know:

Click here to enter any additional comments.