**Proctored Test Request Form**

Please submit this form to **Disability Resources in Room 103 on the Lone Tree campus at least 3 business days** before the date of the test. The test cannot be guaranteed unless you submit this form prior to one of these locations.

**ALL PROCTORED TESTING MUST BE COMPLETED BY 5PM. IF YOU SHOW UP LATE FOR YOUR SCHEDULED TESTING TIME, YOUR TIME WILL BE DEDUCTED ACCORDINGLY.**

**Your Full name:**

Click or tap here to enter text.

**Your Email Address:**

Click or tap here to enter text.

**Course name:**

Click or tap here to enter text.

**Instructor’s Name:**

Click or tap here to enter text.

**Date class takes test/quiz:**

Click or tap to enter a date.**(MM/DD/YYYY)**

**Time class takes test/quiz:**

Click or tap here to enter text. **(HH:MM)**

**Proctored test/quiz date**

Click or tap to enter a date.**(MM/DD/YYYY)**

**Proctored test/quiz time:**

Click or tap here to enter text.**(HH:MM)**

**Additional accommodations needed for this test**:

Click or tap here to enter text.