

DSS Testing Information Sheet

Date: _____

Instructor Name: _____ Phone: _____

Course: _____

Student Names: _____

Test Instructions:

Date and Time Test is to be completed by _____

Time allowed for test _____

May use notes yes no

May use book yes no

May use calculator yes no

Accommodations requested: _____

Return by: Intercampus mail
 Instructor pick up
 Student delivery

Tests for students with **disabilities** should be delivered to Joy Eichhorn (Lib 215).
DSS Testing Hours: 8am-12pm and 1pm-4pm.