

MARS HILL UNIVERSITY

WELLNESS CENTER TESTING REQUEST FORM

306 Robinson Infirmary Building 828-689-1410 e-mail: kkoontz@mhu.edu

Note to Student and Instructor: MHU does not have a separate testing center or designated proctoring staff. Test accommodations that require a separate setting for approved students can be achieved in several different ways:

- The instructor may facilitate the test session through use of nearby office/conference room during regular test time, during office hours, or with assistance of an SI or other department employee.
- Tests may be scanned into a word document so that the student may utilize software such as Natural Reader for a read-aloud accommodation.
- The DS Coordinator may assist in providing a separate setting or implementing other accommodations on a limited basis in the Counseling Center (72 hours advance notice).
- Students with an **Academic Accommodation Plan (AAP)** who are also registered with **Student Support Services (SSS Center)** may with advance notice request to arrange SSS staff to administer their exams. The requested accommodations on the SSS test form should have been previously approved through the Office of Disability Services and similarly reflected on the student's **AAP**.

Section I: To be Completed by Student and Submitted to Instructor and DSC (72 hours advance notice):

Name: _____ Date: _____

Phone: _____

Requested Test Date and Time: _____

In submitting this request, students must agree to adhere to the MHU Honor Code : *On my honor, I have neither given nor received any academic aid or information that would violate the Honor Code of Mars Hill University.*

Section II: To be Completed by Instructor:

Name: _____ Office Location: _____

How may student/staff contact you in case of questions during testing? Indicate preferred method of contact:

_____ - Email _____ - Text or Phone (#Number- _____)

Specify allowed Test Materials (i.e., calculator & type, open book, class notes, etc.):

Other test specifications or comments:

3. Specify STANDARD number of minutes all students are allowed for this test: _____

****Extended time for students eligible for this accommodation will be calculated by Disability Services**

DSC Verification of Test Accommodation: Test Date _____ Time: _____ to _____

DSC Verification of Test Accommodation: Test Date _____ Time: _____ to _____

Total Tested Time Allowed _____

Accommodation(s) Allowed: _____

Test Return Date : _____