



Learning Support Services (LSS) – LA104
4800 East Huron River Drive
Ann Arbor, Michigan 48105

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Fax: (734) 477-8517
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Learning Support Services (LSS) Test Instructions from Faculty

Deliver test and test instructions to LSS [LA 104] at least one (1) day prior to student’s test appointment. Scheduled testing hours are Monday through Thursday 8:30AM to 4:45PM. All testing must be completed by 4:45PM.

Tests should not be delivered via internal mail or by students.

Semester: _____ **Year:** _____

Student Name: _____

Instructor Name: _____

Contact phone number where you can be immediately reached **during exam:** _____

Course Prefix and Number: (ex: ENG 090) _____

_____ Use the same Test Instructions Form for the semester. **If checked, attach test due dates.**

Test Format: _____ Scantron _____ Written Test _____ Blue Book

_____ Blackboard: Date(s) of availability: _____ Is Test Timed?

IF BB TEST IS TIMED, PROGRAM THE TEST FOR THE EXTENDED TIME INDICATED IN THE APPROVED TESTING ACCOMMODATIONS SECTION OF THE LEARNING SUPPORT SERVICES LETTER FOR THIS STUDENT

Password: _____ **Secured?** _____

CHECK BLACKBOARD GRADE CENTER FOR EACH COMPLETED TEST

Student May Use:

_____ Scrap Paper _____ Attach to test

_____ Calculator: (Indicate type of calculator allowed) _____

_____ Open Notes: **(Specify extent of open notes allowed including use of a flash drive)**

_____ Open Book _____ Dictionary _____ Word Processing _____ Spell Check _____ Grammar Check

_____ Other: _____

Amount of time class gets for test: _____

Are other student taking test in the Testing Center? Y _____ N _____

Test Start Date: _____ **End Date:** _____ (changes require instructor approval)

Test Pickup (Most Secure):

_____ Instructor

_____ Instructor/Designee - Designee Name: _____

Alternate:

_____ **Deliver completed test to (mailbox location):** _____

Learning Support Services Use Only:

Test # _____ Proctored by _____ Date: _____ Delivered by _____ Date: _____
Test # _____ Proctored by _____ Date: _____ Delivered by _____ Date: _____
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Test # _____ Proctored by _____ Date: _____ Delivered by _____ Date: _____
Test # _____ Proctored by _____ Date: _____ Delivered by _____ Date: _____

Test Receipt Dates:

Test # _____ Date Received _____ Due Date _____
Test # _____ Date Received _____ Due Date _____
Test # _____ Date Received _____ Due Date _____
Test # _____ Date Received _____ Due Date _____
Test # _____ Date Received _____ Due Date _____
Test # _____ Date Received _____ Due Date _____

Learning Support Services Use Only

_____ Student selected/agreed to available time less than accommodation allowance

Test # _____ Number of Pages: One Sided _____ Two Sided _____ Number of Questions: _____
Test not taken in DS _____ Test # _____ Delivered back to instructor on: Date: _____

Learning Support Services Use Only

_____ Student selected/agreed to available time less than accommodation allowance

Test # _____ Number of Pages: One Sided _____ Two Sided _____ Number of Questions: _____
Test not taken in DS _____ Test # _____ Delivered back to instructor on: Date: _____

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