

For COCC Testing Center Use Only

ADA Accommodations
Time: _____
Special: _____

Date Test Taken: _____
Time Arrived: _____
Time Departed: _____

COCC Exam Administration Form

COCC – Tutoring & Testing Department
Lower Level of Library, 383-7539

PLEASE complete the COCC Exam Administration form for each test that is to be administered by the Tutoring & Testing Department. **Please allow 24 hours for receipt of e-mailed exams prior to test time.**

Faculty Member's Name: _____ Phone: _____

Course Name: _____ Number: _____ Scheduled Exam Date & Time: _____

Student's Name _____

Is the starting time flexible? Yes No Is the scheduled exam date flexible? Yes No

Type of Test

Multiple Choice Essay True & False Fill in the Blank Other



Length of class period: Hour(s) _____ Minute(s) _____

SPECIFY the amount of time this student is allowed:

Time and a half Double time Double time and a half

† Special Testing Provisions Allowed (please allow 5 business days to arrange for scribe/reader):

Notes? Yes No Quiet Room? Yes No Computer? Yes No
Calculator? Yes No Books? Yes No Reader/ Scribe? Yes No

Additional instructions:

How do you want the completed test returned to you? Please check one.

- Please hold, I will pick up.
- I have authorized _____ to pick up the exam (must show picture ID).
- Inter-campus mail (may take 48 hours).

*The Disabilities Services Coordinator notifies instructors of ADA recommendations regarding special testing provisions and suggested aids. If there are any questions or concerns regarding appropriate modifications, please contact the Disabilities Services Coordinator at 383-7743.

Received by: _____ Date: _____