

2012-13 Student Accessibility Services Exam Cover Sheet

- A completed exam cover sheet must be attached to **EACH** test you deliver to SAS.
 - SAS will not administer an exam without the information requested below.
 - Please make multiple copies of this exam cover sheet for your use throughout the semester.
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Student's Name: _____ **Today's Date:** _____

Instructor's Name: _____ **E-Mail:** _____

Building: _____ **RWU ext:** _____ **Cell phone:** _____ *(optional)*

Course Title: _____ **Course days:** _____

When is this exam being given to your class? Date/Time of Exam: _____

Faculty – Please check ONE: SAS Strictly adheres to your directive in this section.

I expect the student to take this exam at the **SAME DATE AND TIME** as the class as stated above.

I authorize the student to take this exam at **ANY** time on the exam date stated above.

I authorize the student's request for an **ALTERNATE** date/time for this exam on:

Day/Date: _____ **Time:** _____

Student is authorized to use: (circle all that apply)	Calculator	yes	no	Model Preference: _____
	Note Card/Sheet	yes	no	
	Textbook	yes	no	
	Internet	yes	no	

Note: We allow **no** technology (iPhones, iPads, iPods, personal laptops, etc.) in the Testing Center **unless** specified above.

Please authorize one of the following methods to ensure the secure delivery of exams back to you:

RETURN METHOD:

FACULTY SIGNATURE:

1. _____ SAS will deliver completed exam to department secretary for **signature**

Secretary's Name: _____

2. _____ Instructor will **pick up** completed exam at SAS in Library (2nd floor)

3. _____ SAS staff will **mail** completed exam to instructor's home address

Address: _____