

# LOUISIANA DELTA COMMUNITY COLLEGE

## Testing Form

### Instructions on Scheduling an Exam

**Student:** Complete the Student Information and email the form to [adatesting@ladelta.edu](mailto:adatesting@ladelta.edu) and your professor three **(3) days prior to the examination date**.

**SAVE THE DOCUMENT, THEN SEND IT VIA E-MAIL TO PROFESSOR.**

**Professors:** Using the computer, complete the section for Instructor Information and forward the Testing Form and Exam to [adatesting@ladelta.edu](mailto:adatesting@ladelta.edu) (1) day prior to the testing date.

**\*\*If there are any questions, please send an email to the Testing Administrator at [adatesting@ladelta.edu](mailto:adatesting@ladelta.edu)**

### **STUDENT INFORMATION: to be completed by student:**

Student's Name: \_\_\_\_\_ LDCC ID # \_\_\_\_\_

Student's Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Course Name/Number: \_\_\_\_\_ Instructor's name/email \_\_\_\_\_

**Underline, Highlight, or Circle the Desired Time:                      Specify Date:**

Monday    1:00, 2:00, or 3:00                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Thursday    8:00, 9:00, or 10:00                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**IF YOU EXPECT YOUR TEST TO LAST LONGER THAN AN HOUR, DO NOT CIRCLE THE LAST HOUR!**

### **Accommodations requested:**

extended time

distraction reduced environment

no scantron

other (please specify) \_\_\_\_\_

### **INSTRUCTOR INFORMATION: to be completed by instructor**

Instructor's Name: \_\_\_\_\_ Office Rm # \_\_\_\_\_

Instructor's Phone Number: \_\_\_\_\_ Instructor's Email: \_\_\_\_\_

Day Test to Be Taken:    Monday, Tuesday, or Thursday    Date of Test \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Allotted class time for the exam: \_\_\_\_\_ (i.e. 50 minutes, 75 minutes)

Other instructions: \_\_\_\_\_

Please deliver this completed form and the exam to [adatesting@ladelta.edu](mailto:adatesting@ladelta.edu) prior to the designated exam date. After completion, exam will be returned to the instructor ASAP.

Proctor \_\_\_\_\_  
Time Student Arrived \_\_\_\_\_:\_\_\_\_\_  
Time Student Began \_\_\_\_\_:\_\_\_\_\_  
Time Student Ended \_\_\_\_\_:\_\_\_\_\_

Office Use Only

Sent by e-mail \_\_\_\_\_:\_\_\_\_ Date \_\_\_\_\_  
On chair or slid under door \_\_\_\_\_:\_\_\_\_  
Handed to teacher \_\_\_\_\_:\_\_\_\_  
Scanned                      saved to ADA