

COD Test Administration Form

FOR STUDENT COMPLETION:

Student:

- Please complete top section of form and give to your instructor

Name:

J#:

Accommodations Needed:

FOR INSTRUCTOR COMPLETION:

Instructor:

- Please email this completed form to adatest@ccp.edu at least 3 days before the exam
- Contact the COD at adatest@ccp.edu with any questions regarding the test administration process

Instructor' Name:

Course:

Exam Date:

Exam Start Time (check one):

9:00 AM

1:00 PM

**Exam Date and Start Time should reflect when the student will complete their exam in the COD*

Instructor's Phone Number During Accommodated Exam:

**Instructor must provide number at which they can be reached to answer questions while student takes exam in COD*

STANDARD Amount of Test Time:

**STANDARD Test Time is the amount of time students receive in standard test setting*

Materials Allowed in the Exam Room:

Exam Password (if applicable):

Exam Delivery Method:

Email

Canvas

Other (please specify):

****If your exam will be administered using Respondus, please contact the COD immediately***

Return completed exam to the following email address:

Electronic Signature:

TO BE COMPLETED BY COD

Date TAF Received:

Date Test Administered:

Date Test Returned:

Date Test Received:

KEY #:

Emailed By: