TEST ACCOMMODATIONS REQUEST FORM
COUNSELING CENTER
1140 UNIVERSITY AVENUE
MONROE, LA 71209-1135
Office: (318) 342-5220 Fax: (318) 342-5228

This form is NOT
a certification of disability.

Please complete the appropriate section of this form. Thank you.

I. Student

Name: _____ Date:_____

CWID: _____ Phone: _____

Email Address: _____

II. Faculty

Name: _____ Dept. _____

Department Location: _____Extension: _____

Email Address: _____

Approved Test Date and Time: _____

Approved Test Aids (i.e., calculator, text, class notes) _____

If calculator approved, specify what type: _____

Indicate (X) the amount of time allowed for students taking test in the classroom:

50 Minutes ( ) 75 minutes ( ) 150 minutes ( ) Other (_____minutes)

Method of test delivery: fax - ext. 5228 ( ) personal delivery ( ) pick-up ( ) email ( )

Faculty Comments: _____

_____

III. Counseling Center

Test Arrival Date: _____Test Received By: _____

Counseling Center Comments: _____

IV. Test Return Confirmation

The signatures below confirm that the attached test has been returned to the faculty or department from which it originated.

Date: _____ Received by: _____

Delivered by: _____

Academic dishonesty, attempted or accomplished, in any form is unacceptable at the University of Louisiana at Monroe. If clear physical evidence indicative of academic dishonesty is obtained by Counseling Center staff during the testing process, the staff member will have the authority to immediately confiscate the test as well as the item the student is using to cheat. The incident shall be reported to the instructor for further investigation. If the student is found guilty of academic misconduct (cheating), the instructor will report the incident in writing to the department head and/or associate dean (or other appropriate administrator), who will report the incident in writing to the Office of Student Services in order for an appropriate censure to be determined.