



Guam Community College
Office of Accommodative Services

Test Scheduling Request Form

Please complete the following information below when requesting to take a test in the Office of Accommodative Services. This form must be completed by the student and the instructor and submitted to OAS one (1) week prior to date of when the test is to be taken. Students will be afforded no more than 30 minutes of extended time to complete a test, based on the expected time given to the class.

Student Name: _____ Contact No.: _____

Course No: _____ Instructor's Name: _____

Requested Date & Time to take test: _____

To be completed by Instructor:

Table with 3 columns: Test Type (Paper / On-Line, Password for On-Line), Expected Time to complete Test w/out extended time, Test Accommodations (i.e. use of study guides, notes, book, etc.) Please indicate "NONE" if not allowed.

Test will be provided, by instructor, to the Office of Accommodative Services:

- Delivered to OAS To be picked up by OAS Sent via email

Please indicate the delivery process for returning the completed test to you:

Please indicate the expected time frame, from the date the test is provided to OAS, in which test must be completed by student.

- Must be completed on the date scheduled by the student. Student has no more than (___ days/week) to complete test from requested date above.

By signing this form, I acknowledge that I am responsible for showing up on time and completing my test in accordance to the scheduled date & time I requested for. I understand that failure to show up for my test, as scheduled, may result in a failing grade for test at the discretion of my instructor.

Student's Signature Date

Instructor's Signature Date