IN ORDER TO ENSURE AT TESTING SPACE IN THE DISABILITY SERVICES TESTING CENTER, COMPLETED FORMS SHOULD BE SUBMITTED PRIOR TO THE TEST DATE.

<table>
<thead>
<tr>
<th>Disability Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Union Building 1 - Suite 2500, MSN: 5C9</td>
</tr>
<tr>
<td>Testing Center- SUB 1, Room 3313</td>
</tr>
<tr>
<td>Phone: 703-993-2474  Fax: 703-993-4306</td>
</tr>
</tbody>
</table>

| Testing Hours: |
| Monday - Friday 9 AM-4:45PM |
| Tuesday 9 AM-8:45PM |
| EXAM WEEK HOURS VARY |

Email: dstests@gmu.edu  Website: http://ds.gmu.edu

**STUDENT INFORMATION** (to be completed by student)

<table>
<thead>
<tr>
<th>Name</th>
<th>G Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email (@gmu.edu)</td>
<td>Phone Number (10 digits)</td>
</tr>
<tr>
<td>Course</td>
<td>Instructor</td>
</tr>
</tbody>
</table>

I have read and agreed to comply with all Disability Service test policies and procedures for exam proctoring. I understand that the exam will not be administered if my arrival time is 20 minutes after the instructor's stated start time. However, if I am late and within the 20 minute window, I understand the amount of time I am late will be deducted from the total time allowed for the test. I agree to abide by the Mason Honor Code. I understand that violation of the Honor Code will be reported to the Office of Academic Integrity. I understand that the Disability Services testing center is monitored by cameras through a closed circuit security system.

| Signature | Date |

**INSTRUCTOR INFORMATION** (to be completed by professor) Asterisk * = Required

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date student will take exam</td>
<td>*Start time of exam</td>
</tr>
</tbody>
</table>

*Class time allowed for exam (without accommodations) | Scantron Needed | Bluebook Needed |

**INITIAL** all materials allowed by ALL STUDENTS during test *(initial at least 1)*

- None
- Internet Access
- Open Book
- Open Notes
- Dictionary
- Lockdown Browser
- Simple Calculator
- Graphic Calculator (e.g. TI-83)
- Scientific Calculator (e.g. TI-30x)

**Please Circle One:**
- Student’s Personal Laptop
- Disability Services Laptop

**Exam Delivery (check one)**

- Test will be hand delivered to SUB I, Room 3313
- Test will be emailed to dstests@gmu.edu
- Student delivers the exam in a sealed envelope

| Signature | Date |

**Exam Return (check what apply)**

- Test will be picked up from, SUB I, Room 3313
- E-mail test to professor e-mail listed above(by close of business)
- Student returns the exam in a sealed envelope.

**Additional Approved Materials/Special Instructions:**

- None

**TESTING ACCOMMODATIONS (FOR OFFICE USE ONLY)**

- Extended Time
- Breaks
- Scheduled Start
- Time Started
- Scheduled End
- Time Ended
- Building/Room
- Staff
- Locked:

- Computer
- JAWS
- Online Exam
- CCTV
- Read and Write Gold
- Scribe
- Reader
- Scantron Scribe
- Word Processor
- Dictation Software
- Enlarged Font

- Scheduled Start
- Room Number

- Time Ended
- DS Test Form July 2016