

Assessment Centre | Exam Request Form

(Staff use only)

Date written: _____ Start time: _____ End time: _____ Desk #: _____ Log in date: _____

Students registered with Accessible Learning (AL), and students who have missed an in-class exam for reasons beyond their control, can write their tests in the Assessment Centre. **Make-up Tests: \$25 (Payable by debit card only) Accessible Learning Tests: No Fee.**

Students must make an appointment at <http://www.mywco.com/ac> and instructors must complete this form, and deliver it with the test, at least 2 business days in advance. Test deadlines can be extended by email, and completed exams must be picked up in person at the centres.

STUDENT INFORMATION

Student Name: _____ Student ID #: _____

Test date booked: _____ Time Booked: _____

ACCOMMODATIONS (This grey section to be completed by Accessible Learning students only)

EXTENDED TIME

- Time + ½
- Double Time
- Straight Time

SCRIBE/READER

- Scribe Only
- Reader Only
- Reader and Scribe

ROOMS

- Separate Room (private)
- Quiet Room
- Main Room

COMPUTER/SOFTWARE

- Kurzweil
- Dragon
- Desktop Computer
- ZoomText

Please list any other accommodations you need for this exam that are not listed above: _____

EXAM INFORMATION (This section to be completed by the instructor only)

Instructor Name: _____ Faculty: FAAD FAHCS FAST FHSS PSB

For exam related questions, please provide a room/contact number: _____ (Phone # will be kept private)

Course or Exam Title: _____ Midterm Final **OR Quiz/Test #:** _____

Length of test in class: _____ Test deadline: _____ Check here if your student must write on this date only

Please check the aids permitted for this test: Open Textbook – TITLE: _____

- Open Notes
- Access to E-Notes
- Formula sheet
- Student Laptop
- Assessment Centre Computer
- Dictionary
- Access to the Internet
- Calculator
- Access to SLATE
- Other Program:

Additional Instructions:

Instructor Signature: _____

READ AND SIGN BEFORE TEST ADMINISTRATION (on the exam day only)

I understand the importance of this assessment for my academic results at Sheridan, and the instructions provided by my instructor on this form, including the rules for additional materials/aids, and time allowed for test completion. By signing below, I agree to comply with Sheridan College's Academic Honesty Policy and the Assessment Centre's policy pertaining to test administration. **I also agree that if I am unfit to take this test/assignment/quiz, I will notify the invigilator before starting.**

Student Signature: _____ Invigilator Initials: _____

ASSESSMENT CENTRE LOCATIONS

HMC, Room A246

Mon-Fri: 9 am – 4:30pm (must end by 4pm)
Inquiries: hmcac@sheridancollege.ca
Off campus test submission **only** at:
submit_exams_hmc@sheridancollege.ca

Trafalgar, Room BB26

Mon-Fri: 9am – 4:30pm
Inquiries: trafac@sheridancollege.ca
Off campus test submission **only** at:
submit_exams_traf@sheridancollege.ca

Davis, Room B117

Mon-Fri: 9am – 4:30pm, Thurs: 5pm-8pm
Inquiries: davisac@sheridancollege.ca
Off campus test submission **only** at:
submit_exams_davis@sheridancollege.ca