

Testing Center Alternative Request Form

This form must be completed electronically and submitted via email to the Testing Center [email](#) by course instructors or coordinators only. Students are not permitted to fill any part of this form.

Instructor Information

Instructor Name:

Instructor Phone Number:

Instructor Name.#:

Student Information

Student Name:

Student OSU ID number:

Student Name.#:

Known SLDS Accommodations:

1.5x

2x

2.5x

3x or 4x

Exam Information

Subject Area/Catalog Number (i.e. ENGL 1110, MATH 1151, etc.):

Course Title:

Start Date:

End Date:

Duration of Exam:

Name of Test:

Please Select Response Medium:

Indicate browser Type (if necessary):

Access Code (if necessary):

Select Approved Exam Aids

None

Notes

Personal Computer/iPad

Scratch Paper

Calculator

Drawing/Graphing Tools

Textbook

Other (Please describe in Special Instructions)

Special Instructions

List any instructions that are not covered in the Exam Aids section.

Exam Drop-Off Options

In-Person:

Email:

N/A

Exam Pick-Up Options

In-Person:

Email:

N/A

Administrative information

The following section will be filled out by Testing Center staff.

Time in: _____

Time Out: _____

Seat Number: _____

Student Signature:

Staff Signature: