

Test Administration Form

*Please email this completed form to adatest@ccp.edu at least **3 days before** the exam*

FOR STUDENT COMPLETION:

Name: _____ J#: _____

Accommodations Needed: _____

FOR INSTRUCTOR COMPLETION:

Instructor:

- You must email all paper/pencil exams to adatest@ccp.edu by noon the day before the scheduled exam
- Monday exams must be received by Friday preceding the test date (Thursday in summer)

Instructor' Name: _____

Course: _____

Exam Date: _____ Exam Start Time (check one): 9:00 AM 1:00 PM

**Exam Date and Start Time should reflect when the student will complete their exam in the COD*

Instructor's Phone Number During Accommodated Exam: _____

**Instructor must provide number at which they can be reached to answer questions while student takes exam in COD*

STANDARD Amount of Test Time: _____

**STANDARD Test Time is the amount of time students receive in standard test setting*

Materials Allowed in the Exam Room: _____

Exam Delivery Method: _____

All exams must be emailed to adatest@ccp.edu unless they are administered through an online platform

Return completed exam to the following email address: _____

Electronic Signature: _____

Please contact the COD at adatest@ccp.edu with any questions regarding the test administration process.

TO BE COMPLETED BY THE COD

Date Test Delivered: _____ Date Administered: _____ Key #: _____

Date Test Returned: _____ Emailed by: _____