

<input type="checkbox"/> <b>Need to Scan</b>
<input type="checkbox"/> <b>Saved</b>
<i>For Office Use Only</i>

<b>Start Time:</b>
<b>End Time:</b>
<b>Date:</b>
<i>For Office Use Only</i>

**SUNY SCHENECTADY**  
**Testing Center**  
 Elston Hall, 427 • (518) 381-1293  
 TestingCenter@sunysccc.edu

**ADA EXAM COVERSHEET**

**Student completes this section:**

Student Name: \_\_\_\_\_

Preferred Name and/or Pronouns: \_\_\_\_\_

Date and Time of Exam Appointment: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

**Instructor completes this section:**

<b>Class time allotted:</b>	1.5x time =	2x time =
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**Please mark appropriate testing preferences and approved ADA Accommodations**

<input type="checkbox"/> Open Book	<input type="checkbox"/> Closed Book	<input type="checkbox"/> Extended time
<input type="checkbox"/> Online resources allowed		<input type="checkbox"/> Distraction reduced
<input type="checkbox"/> Calculator	<input type="checkbox"/> No Calculator	<input type="checkbox"/> Word processor
<input type="checkbox"/> Notes Allowed	<input type="checkbox"/> No Notes	<input type="checkbox"/> Reader
<input type="checkbox"/> Brightspace allowed		<input type="checkbox"/> Writer/Scribe
<input type="checkbox"/> Scantron: please provide		<input type="checkbox"/> Other:

**Special Instructions:**

**Exam no longer valid after:**