

Testing Agreement

Semester (circle one): SUM FALL WIN SPR 20_____

Student Responsibilities:

- Complete the Test Adjustment Request form in the DSS office a minimum of **5 Business days** (1 calendar week) in advance.
- Deliver Test Adjustment Request form to the instructor a minimum of **5 Business days** (1 calendar week) before the exam.
- Confirm the correct date and time of the exam, as well as the total time given to the class before scheduling with DSS.
- Have appropriate documentation of disability on file with the DSS office. (current semester/session accommodation form)
- Bring the proper testing materials with the day of the exam (i.e. pen, pencil, Scantron, Green Book).
- No cell phones, MP3 players, food or drinks (other than water) will be permitted.
- Purses, backpacks, and other baggage are to be placed in the overhead cubbies before starting the exam.
- Follow any special instructions provided by the instructor.
- Be on time for your exam. Your approved extended testing time will start at the time
- Follow the MVC Code of Conduct. Any cheating will be immediately reported to the instructor, the DSS Counselor and the DSS Director.
- Be aware that the testing area uses closed circuit television and audio monitoring.
- Be considerate of other students testing. Remain quiet when entering/leaving the testing area.

I have read, I understand, and accept the conditions as stated.

Print Name: _____ Signature: _____

Student Email: _____ Date: _____

DSS Staff Signature: _____ Date: _____