



DISABILITY SUPPORT SERVICES
Kansas State University

INFORMATION FOR TESTS ADMINISTERED BY DSS

Student name _____ E-mail _____
WID _____ Phone _____

STUDENT COMPLETE THE FOLLOWING (PLEASE PRINT):

Name of course _____ Course No. _____

Day of Week	Date of Test	Time of Test	Instructor Approved Alternate Date*	Instructor Approved Alternate Time*	Online Test? (Y/N)

**DSS is open Monday-Friday, 8 AM – 5 PM. If the student needs an alternate date/time, it must be taken within that timeframe.*

INSTRUCTOR COMPLETE THE FOLLOWING (PLEASE PRINT):

Instructor Name (Please Print): _____

E-mail: _____ Phone: _____

Time allowed for students in classroom to take exam: ___50 minutes ___75 minutes _____other (give amt.)

Materials permitted: ___no ___yes -- If yes please specify: _____

Instructor will deliver the test in the following manner:

___ Instructor will e-mail test to tst@ksu.edu (*Preferred*)

___ DSS will pick up test from the department*

___ Instructor will drop off test at the DSS office*

___ Instructor will fax test to 532-6457*

**Tests not made available to DSS electronically must be available at least 48 hours in advance for students taking tests using screen reading software.*

Instructor Signature _____ **Date** _____

DSS WILL COMPLETE THIS SECTION ~~~~~

Approved Test Accommodations:

___Ext. time ___Screen Reader ___Reader ___Word Processor ___Enlarge ___CCTV ___Scribe ___No Scantron ___Other