

Morrisville State College Norwich Campus  
Make-up Test / Services for Students with Disability  
Test Cover Sheet

FACULTY: Entire form must be completed. Faculty Initials \_\_\_\_\_  
STAFF: Once initialed PINK copy given to Faculty. Staff Initials \_\_\_\_\_  
Date \_\_\_\_\_

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

Faculty: \_\_\_\_\_ Class: \_\_\_\_\_

Date test to be completed: \_\_\_\_\_ Time allotted: \_\_\_\_\_

Check ALL boxes that apply:	YES	NO
Take home:	<input type="checkbox"/>	<input type="checkbox"/>
Open book:	<input type="checkbox"/>	<input type="checkbox"/>
Class notes:	<input type="checkbox"/>	<input type="checkbox"/>
Break allowed:	<input type="checkbox"/>	<input type="checkbox"/>
Calculator:	<input type="checkbox"/>	<input type="checkbox"/>

Special instructions: \_\_\_\_\_

**\*\* Note to Student \*\***

Tests not completed in the allotted time period OR  
by the date indicated will be returned to the faculty member.

**\*\* Staff Use Only \*\***

Time started: \_\_\_\_\_ Time returned: \_\_\_\_\_

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_

**Pink:** Faculty copy **White:** attach to test **Yellow:** DS office

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