

**SERVICES FOR STUDENTS WITH DISABILITIES  
TEST COVER SHEET**

Please complete this form and include it with your exam.

Student's Name \_\_\_\_\_

Instructor \_\_\_\_\_

Class \_\_\_\_\_

Tests should be taken by \_\_\_\_\_

Special Instructions:

Please include any special instructions that we may need to administer your exam.  
(open notes, open book, computer access, formula sheets etc.)

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If you have any questions please feel free to contact me.

David Symonds