### INSTRUCTIONS FOR STUDENT:
1. Obtain form from Center on Disability (M1-22) when quiz or test is announced and schedule test with front desk
2. Fill out top portion of form and give to instructor to complete
3. Return form to Center on Disability and schedule the test

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**CENTER ON DISABILITY**  
Room: M1-22/ Phone: 215-751-8050  
Test Administration Form

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Student is responsible for returning this completed form to the Center On Disability at least two days before scheduled test date.

| Student: _________________________ | J #: __________________________ |
| Instructor: ______________________ | Instructor’s Phone Number: ________ |
| Course: __________________________ | Exam Date: _______ Time: _______ |

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### ****TO BE COMPLETED BY INSTRUCTOR****

*To ensure the integrity of the test administration process, it is strongly suggested that the instructor deliver and pick up the exam.*

- Test Delivered By:  
  - [ ] Instructor  
  - [ ] Other (specify): __________________

- Test Returned To Instructor:  
  - [ ] Instructor will pick up  
  - [ ] Other (specify): __________________

- Standard Time Allocated for this Test/Quiz: _________________  

*Please note: in most cases the extended time accommodation is time and a half*

- Test Administration Instructions: __________________________

__________________________________________________________________

- Instructor’s Signature: __________________________

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### ****TO BE COMPLETED BY THE CENTER ON DISABILITY****

- Test Completion Date: ____________

- Test Return Date: ________________  
  - Instructor Pickup: ____________

  - Other: _____ (specify): ____________
  - Signature: ______________________

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