

Request to Test Form

- King
- Markham
- Newnham
- Seneca@York



- Full Time Programs
- Faculty of Continuing Education Programs

<input type="radio"/> Accommodated Student	PROFESSOR: _____	
Student Name:	Contact #:	
1.	Alt. Contact:	Alt. Contact #:
Student Number:	Program:	Course Code:
Faculty Pick Up Option:	Duration of Test: (Time Allotted) X (Extended Time) =	
Scan/Email <input type="radio"/> In Person <input type="radio"/> Blackboard <input type="radio"/>	First Date test can be written (mm/dd/yy):	
(SF Case # to be used by Test Centre Staff only)	Latest Date test can be written (mm/dd/yy):	
SF Case #:	If required, earliest start time:	
Case Closed <input type="radio"/>	If required, latest start time:	
FCET check box if PLA <input type="radio"/>		

Select either **No** or **Yes** for **ALL** Test Aids Listed Below

****Internet Access NOT required for Blackboard Testing**

	NO	YES	
Examination Book(s)*	<input type="radio"/>	<input type="radio"/>	*Supplied by Test Centre
Grademaster/Scantron*	<input type="radio"/>	<input type="radio"/>	*Select the Grademaster/Scantron size 15 only <input type="radio"/> 25/side <input type="radio"/> 50/side <input type="radio"/>
Computer	<input type="radio"/>	<input type="radio"/>	WordPad No <input type="radio"/> Yes <input type="radio"/> Word Processor spelling/grammar/thesaurus No <input type="radio"/> Yes <input type="radio"/>
MyApps	<input type="radio"/>	<input type="radio"/>	List Program/Assistive Tech.:
Blackboard Test	<input type="radio"/>	<input type="radio"/>	Blackboard Password: Confidential No <input type="radio"/> Yes <input type="radio"/>
Test File(s) Emailed	<input type="radio"/>	<input type="radio"/>	Test on Faculty USB <input type="radio"/> Test on Test Centre USB <input type="radio"/>
Calculator	<input type="radio"/>	<input type="radio"/>	Programmable <input type="radio"/> Non-Programmable <input type="radio"/>
Dictionary	<input type="radio"/>	<input type="radio"/>	English <input type="radio"/> Translation <input type="radio"/> Any <input type="radio"/> Thesaurus <input type="radio"/>
Student Notes	<input type="radio"/>	<input type="radio"/>	Select <input type="radio"/> Notes <input type="radio"/> Approved Memory Aid <input type="radio"/> eBooks Collect? No <input type="radio"/> Yes <input type="radio"/>
Full Internet Access**	<input type="radio"/>	<input type="radio"/>	Details:
Text/Resource	<input type="radio"/>	<input type="radio"/>	Details: Annotations? No <input type="radio"/> Yes <input type="radio"/>
Scrap Paper*	<input type="radio"/>	<input type="radio"/>	*Supplied by Test Centre
Alternate Space*	<input type="radio"/>	<input type="radio"/>	*Reduced distraction
Semi/Private Room*	<input type="radio"/>	<input type="radio"/>	*Select Yes only if option is listed on Student's Accommodation Letter
Take Breaks*	<input type="radio"/>	<input type="radio"/>	*Includes food/drinks/medication as per accommodation

Other Instructions _____

To be filled out and signed by professor when picking up test:

# of Completed Tests:	Received by:	Date:
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