



Exam Scheduled in SAC per SYLLABI:
Complete & Return form to Mitchell Hall 112 by 4:30:
1st Contact:
2nd Contact:
3rd Contact:

**SAC ALTERNATIVE TESTING FORM**

**INSTRUCTORS - Please Complete the Following:** \_\_\_\_\_

Instructor Name _____	Phone _____
E-mail _____	Course _____
Date of Exam _____	Start/End Time _____
Alternative Date of Exam _____	

**TEST INFORMATION**

**PRE-APPROVED BY INSTRUCTOR: (INSTRUCTOR please initial)**

\_\_\_\_\_ open book \_\_\_\_\_ open notes \_\_\_\_\_ calculator  
 \_\_\_\_\_ other Please specify \_\_\_\_\_

Options for delivery of exam to Mitchell 112: **24 HOUR ADVANCE DELIVERY IS REQUIRED**

\_\_\_\_\_ Student delivery (**in sealed envelope**) \_\_\_\_\_ Instructor delivery  
 \_\_\_\_\_ Instructor E-mail ([sachelp@uwm.edu](mailto:sachelp@uwm.edu)) \_\_\_\_\_ Instructor fax (229-2237)

Options for **return** of exam to Instructor:

\_\_\_\_\_ Student return (**in sealed envelope**) \_\_\_\_\_ SAC fax to Instructor no pencil (# \_\_\_\_\_)  
 \_\_\_\_\_ Instructor pick-up \_\_\_\_\_ SAC E-mail to Instructor (**email** \_\_\_\_\_)

Instructor Signature/Date \_\_\_\_\_

**STUDENTS - Please Complete the Following:**

Student Name _____	Student ID _____
E-mail _____	Phone _____

**SAC APPROVED ACCOMMODATIONS: (Verified by SAC)**

_____ Extended time (time and one-half; double; other _____)	_____ Minimally Distracting Environment
_____ Alternative Format (Electronic, Braille, Large Print)	_____ Reader/Scribe
_____ Use of Adaptive Equipment (CCTV, alternative keyboard)	_____ Break (5min/hour)
_____ Use of computer (independent computer use required)	_____ Dictionary/Spelling Ace
_____ Other _____	

Student Signature/Date \_\_\_\_\_

**SAC Completes the Following:**

<b>Exam Form Receipt</b> <small>Initial/Date</small>	<b>Exam Receipt Date</b> <small>Initial/Date</small>	<b>Exam Date</b>
<b>Begin Time</b>	<b>End Time</b>	<b>Site Proctor</b>

**Instructor Receipt**  
(instructor initial/date and returns form to Mitchell 112)

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