



SAC ALTERNATIVE TESTING FORM

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

INSTRUCTORS – COMPLETE THE FOLLOWING:

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

TEST INFORMATION
 (Instructor please initial all that apply in this section)
Pre-Approved by INSTRUCTOR:

_____ 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) _____ Instructor fax (229-2237)

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

_____ Student return (**in sealed envelope**) to _____ Instructor pick-up
 _____ SAC fax to Instructor **no penciled exams** Fax Number _____

Instructor Signature/Date _____

STUDENTS - 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:

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

****ATTENTION** Instructional Staff: Sign/date that exam was received. Return form to Mitchell Hall 112.**