Exam Authorization Form

ADSR Testing Office     Rm 134 Murdy Hall     Oxford College
Phone: 770.784.4690     Email: oxfordtesting@emory.edu     Fax: 770.784.4667
Office Hours: Monday – Friday  9am- 5pm

►To be filled out by STUDENT:

Student Name: ________________________________________________________________

Course Name and Number: ______________________________________________________

Date of Exam at ADSR: _________ Time of Exam at ADSR: ________________

Requested Accommodations: □ Extended time  □ Private Space  □ Scribe/Reader
□ Large Print  □ Taped Exam  □ Calculator: □ 4-function  □ Scientific  □ Graphic
□ Computer  □ Other: (Please Describe) _________________________________________

*** Instructor and Student should decide upon mutually agreeable date and time.
Online Test Request should be completed by ADSR Student at least 5 business days in advance. ***

►To be filled out by INSTRUCTOR:

ADSR will NOT administer any exam without this form completed in its entirety and signed by instructor or TA.
This form must accompany each exam.

Test may be faxed (770.784.4667), emailed (oxfordtesting@emory.edu)
or delivered in a SECURED envelope (ADSR Office - Murdy Hall, Room 134).

Regular Class Time allowed for test: (check one) □ 50 min  □ 75 min  □ Other ______
(ADSR will determine the total testing time based on the individual student’s accommodations.)

Instructions: □ Closed Book  □ Open Book  □ Write Directly on Exam  □ Scantron  □ Answer Booklet

Student Is Allowed: □ Calculator (□ 4-Function  □ Scientific  □ Graphing) □ Formula Sheet: Type________________________

Other Special Instructions: _______________________________________________________

✓ Please Initial IF Student is permitted to keep Exam: ________

Please check method for exam return:
□ Instructor/Authorized Staff member will pick up the test.
(ADSR returns exam if it is not picked up within 5 business days.)

□ ADSR STAFF will return the test to your Departmental Main Office - 2 business day turnaround.
□ The student will return the test in a sealed envelope immediately after the exam. (If not specified, delivered to Main Office)

* Alternative Location: __________________________________________________________
* At alternative location, someone MUST be present to SIGN for exam when student arrives.
   Note: If no one is present for signature, exam will then be taken to your Department’s Main Office.

Instructor’s Name (PRINT): ____________________________ Phone #: ______________________
□ Please check box IF you will be available at this number IF student has any questions during the exam.

Instructor’s Signature: ________________________________ Email: ______________________
ADSR Testing Office
770-784-4690
Murdy Hall, Room 134

Please contact the ADSR Testing Office directly for ALL Exam concerns.

* 3 options for delivering exams to the ADSR Testing Office *

1. **Email** exam: **oxfordtesting@emory.edu**

2. **Fax** exam: **770-784-4667**

3. **Hand-Deliver** in sealed/secured envelope to:

   ADSR Testing Office – Murdy Hall, Room 134

   Note: We do NOT recommend sending exams via campus mail due to time constraints and security concerns.

Note: ADSR Testing Hours for Exams

**9AM ~ 5PM**

Monday to Friday