

Exam Authorization Form

OAS Testing Office Rm 110 Administration Building Emory University
Phone: 404-727-9877 Email: adsrtesting@emory.edu Fax: 404-727-1126
Office Hours: Monday – Friday 8am- 5pm

► To be filled out by STUDENT:

Student Name: _____

Course Name and Number: _____

Date of Exam at OAS: _____ Time of Exam at OAS: _____

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 OAS Student at least 5 business days in advance. ***

► To be filled out by INSTRUCTOR:

OAS 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 (404-727-1126), emailed (adsrtesting@emory.edu)
or delivered in a SECURED envelope (OAS Office 110 Administration Bldg).

Regular Class Time allowed for test: (check one) 50 min 75 min Other _____
(OAS 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.
(OAS returns exam if it is not picked up within 5 business days.)

OAS 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: _____

OAS Testing Office

404-727-9877

110 Administration Building

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

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

1. **Email exam: adsrtesting@emory.edu**
2. **Fax exam: 404-727-1126**
3. **Hand-Deliver in sealed/secured envelope to:**

OAS Testing office – 110 Administration Building

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

Note! OAS Testing Hours for Exams

8:30AM ~ 5PM

Monday to Friday