

For Office Use Only

Room # _____

DATE Taken: _____

STOP @: _____

Phones, smartwatches, and other electronics
are not permitted in testing room

BEGIN Time _____

(Initials) _____

END Time _____

(Initials) _____

(Initials) _____

Request for Alternative Testing

(Non-Disability Students)
Great Bay Community College

CAPS Hours

Monday - Wednesday 8:00a to 6:00p

Thursday 8:00a to 7:00p

Friday 8:00a to 4:00p

Closed Weekends and School Holidays

This form must be filled out by the instructor and submitted **with the test.**

STUDENT NAME: _____ ID#: _____

DATE & TIME OF TEST: _____ DATE & TIME TEST MUST BE COMPLETED BY: _____

TIME ALLOWED: _____

INSTRUCTOR: _____ COURSE: _____ MAILBOX LOCATION: _____

(Print)

I APPROVE THE USE OF:

CALCULATOR: ANY BASIC GRAPHING SCIENTIFIC NO CALCULATOR

BOOKS: YES NO SPECIFY: _____

NOTES: YES NO SPECIFY: _____

INTERNET: YES NO SPECIFY: _____

OTHER: _____

Additional instructions or comments:

Instructor's signature: _____

***** DISCLAIMER: Proctors will routinely check on testers, but will not physically sit in the testing room unless prearranged by an instructor or administrator. *****

Instructors are to deliver tests to the Center for Academic Planning and Support's (CAPS) mailbox on or before the date and time specified. Upon completion, exams will be returned to the instructor in a sealed envelope by a CAPS staff member. If a student does not show up to take a test at the prearranged time, it will be the responsibility of the instructor to handle the subsequent testing arrangements. Tests not taken during the prearranged time will be returned to the instructor.

CAPS personnel may come into the testing room to monitor activities at any time. If we find any evidence of cheating, the exam will be stopped, the faculty member will be notified immediately, materials will be confiscated, and the matter will be turned over to the faculty member for further investigation.