SERVICES FOR STUDENTS WITH DISABILITIES
TEST COVER SHEET

Please complete this form and include it with your exam.

Student's Name _________________________________________
Instructor  _________________________________________
Class  _________________________________________

Tests should be taken by ________________________________

Special Instructions:

Please include any special instructions that we may need to administer your exam. (open notes, open book, computer access, formula sheets etc.)

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If you have any questions please feel free to contact me.

David Symonds