

**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.)

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

David Symonds