## TEST ACCOMMODATIONS REQUEST FORM COUNSELING CENTER 1140 UNIVERSITY AVENUE MONROE, LA 71209-1135 Office: (318) 342-5220 Fax: (318) 342-5228

This form is NOT a certification of disability.

## Please complete the appropriate section of this form. Thank you.

I.	Student	
	Name:	Date:
	CWID:	Phone:
	Email Address:	
П.	<b>Faculty</b>	
	Name:	Dept
	Department Location	n:Extension:
	Email Address:	
	Approved Test Date and Time:	
	Approved Test Aids (i.e., calculator, text, class notes)	
	If calculator approved, specify what type: Indicate (X) the amount of time allowed for students taking test in the classroom:	
	Method of test delivery: fax - ext. 5228 () personal delivery () pick-up () email ()	
	Faculty Comments:	
	III.	Counseling Center
Test Arrival Date:		Test Received By:
Counseling Center Comments:		
IV.	Test Return Confirmation	
	The signatures below confirm that the attached test has been returned to the faculty or	
	department from which it originated.	
	Date:	Received by:

Delivered by: \_\_\_\_\_

Academic dishonesty, attempted or accomplished, in any form is unacceptable at the University of Louisiana at Monroe. If clear physical evidence indicative of academic dishonesty is obtained by Counseling Center staff during the testing process, the staff member will have the authority to immediately confiscate the test as well as the item the student is using to cheat. The incident shall be reported to the instructor for further investigation. If the student is found guilty of academic misconduct (cheating), the instructor will report the incident in writing to the department head and/or associate dean (or other appropriate administrator), who will report the incident in writing to the Office of Student Services in order for an appropriate censure to be determined.