Request for Alternative Testing  
(Non-Disability Students) 
Great Bay Community College

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

STUDENT NAME: ____________________________________ ID # _______________________
Date/Time of Examination: ___________ Date/Time exam must be completed by:__________
Time Allowed: _______________
Instructor: _________________________________ Course: __________________________
I approve the use of:
Calculator:  ____ Any    ____ Basic   ____ Graphing   ____ Scientific   ____ NONE
Books     Y  N
Notes    Y N
Electronic Dictionary/Spellcheck   Y N
Word Processor  Y N
Internet     Y  N
Other:_____________________________________________________________

Instructor’s Signature & Comments:___________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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 & Support’s mailbox (CAPS) 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 pre-arranged 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 action.