

DEPARTMENT OF SPECIAL SERVICES
INSTRUCTIONAL CENTER – ROOM IC 425A
Telephone #: (856) 415-2265

PROFESSOR'S TEST INSTRUCTIONS FORM

Your test can be e-mailed to: SpecialServicesDepartment@rcgc.edu

Office Hours: Monday – Friday 8:00 am – 5:30 pm

Professor's Name:	
Student (s) Name (s):	
Your cell phone number if We need to contact you	
Course Name or Code:	
Date Test is Submitted to Special Services:	
**Time and Date <u>Class Will Be Taking Test</u> :	
<i>**Special Services Policy is: <u>Students are required to take the test at the same time and on the same day as the class.</u></i>	
Amount of Time the Class Will Be Given To Complete the Test:	(Unlimited Time Cannot Be Given)
Specialized Instructions:	

The Student (s) May Use the Following Support Material (s):

Calculator: _____ Textbook _____ Scratch Paper _____
Notes: _____ Other: _____

Student (s) **MAY NOT USE ANY** of the Above Support Materials. _____

Upon Completion of the Test, Please:

RETURN Test to Professor's Mailbox: _____
HOLD Test for Professor To Pick Up: _____
OTHER Arrangement: _____
