Office Use Onl	ffice Use Only STOP @		Rm	ı#	Date Taken: _	Reported in I	Navigate \square
BEGIN Time	(Initials)	END	Time (Initia	als)	Phor	nes, smartwatches, and other e are not permitted in tes	
Request for Alternative Testing (Non-Disability Students) Great Bay Community College This form must be filled out by the faculty and submitted with the test.						_	as follows: 8:00a to 5:00p 8:00a to 6:00p 8:00a to 4:00p
STUDENT NAME: ID#:						ID#:	
DATE & TIME OF TEST: DATE & TIME TEST MUST BE COMPLETED BY:							
TIME ALLOWED:			COURSE:			METHOD OF FACULTY RETURN:	
FACULTY NAME:		FACULTY CELL:			☐ PICK UP ☐ MAILBOX ☐ SCAN/EMAIL		
I APPROVE TH	E USE OF:						
CALCULATOR:	\square ANY	\square BASIC	☐ GRAPHING ☐ SCIENTIFIC ☐ NO CALCULATOR				
BOOKS:	\square YES	\square NO	SPECIFY:				
NOTES:	☐ YES	\square NO	SPECIFY:				
INTERNET:	☐ YES	\square NO	SPECIFY:				
OTHER:							
Additional in	structions	or comme	nts:				
			s will routin			but will not physica	lly ***

*** DISCLAIMER: Proctors will routinely check on testers, but will not physically *** sit in the testing room unless prearranged by faculty or an administrator.

Faculty are to deliver tests to the Center for Academic Planning and Support's (CAPS) inbox, mailbox, or front desk on or before the date and time specified. Upon completion, exams will be returned to the faculty 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 faculty to handle the subsequent testing arrangements. Tests not taken during the prearranged time will be returned to the faculty.

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 investigation.