**Disabled Students Programs & Services Examination Transmittal Memo**

|  |  |
| --- | --- |
| **Allowed Time**  | **Begin Time:**  |
| 1x=  |  |
| 1.5x=  | **Projected End:**  |
| 2x=  |  |
| **Date:**  | **End Time:**  |
| **Room #:**  |  |
| **Accommodations:**  |  |

**DSP&S OFFICE USE ONLY**



Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_

Instructor’s Name

Please administer the attached examination to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The exam may be taken between \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_

Amount of time class gets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional instructions (notes, open book, calculator, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS FOR RETURNING EXAMINATIONS

I would like the exam returned to me the following manner (check one): \_\_\_\_\_Department Mailbox

\_\_\_\_\_Campus Mail(Mailroom)

\_\_\_\_\_Call me when the test is completed and I will pick it up (ext. #\_\_\_\_\_\_\_\_\_) \_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the student does not make arrangements to take the exam, please return by \_\_\_/\_\_\_/\_\_\_ DSP&S Hours and Contact Information

**Spring and Fall Summer**

Monday and Wednesday 8:00am‐8:00pm Monday through Thursday 8:00am‐4:00pm Tuesday and Thursday 8:00am‐7:00pm Friday 8:00am‐3:00pm

Friday 8:00am‐3:00pm

Phone: (562) 908‐3420

Testing Email: dspstest@riohondo.edu

Room# SS330