TEST TRANSMITTAL FORM FOR FACULTY
EDUCATIONAL COUNSELING & DISABILITIES SERVICES (ECDS)
ecds@ferris.edu  ASC 1017, Phone: 231-591-3057

Student’s Name: _______________________________ Course: _______________________
Professor’s Name: _______________________________ Ext: ______ Office: _____________
E-Mail Address: __________________________________ Campus Mail:_________________

TO PROTECT THE INTEGRITY OF EDUCATIONAL COUNSELING & DISABILITIES SERVICES, VIDEO CAMERAS HAVE BEEN INSTALLED IN EACH TESTING ROOM.

It is the STUDENT’S responsibility to schedule a time to take the test in the ECDS testing area, AND remind the professor.
It is the responsibility of the FACULTY to make sure the test is received in Educational Counseling & Disabilities Services 48 hours in advance of the testing time. Please always include the completed Test Transmittal Form For Faculty with the test.

PLEASE INITIAL ONE OF THE FOLLOWING:

____ Must be same day, can be different time
____ Must take at scheduled class time
____ May take test at any scheduled time
____ Other

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____ Do you want to be notified if the student fails to appear for the test

SPECIAL INSTRUCTIONS (Please initial all that apply):

____ May use basic, non-graphing calculator
____ May use personal calculator
____ May use textbook
____ May use dictionary
____ May use notes
____ May use ruler
____ May use Ferris Connect (Lockdown Browser)
____ Other

* * * Students will receive time-and-one-half of the normal class time for all tests, quizzes and finals unless otherwise specified on the student’s Verified Individualized Services and Accommodations (VISA) form. * * *

SEE BELOW FOR IMPORTANT INFORMATION REGARDING TESTING PROCEDURES

Dropping Off Tests: To ensure the security of your test, all tests that are to be dropped off should be given directly to the ECDS personnel in ASC 1017 or slide it under the door. If a test is sent intercampus mail, please allow 3 to 4 days. A test may be scanned and e-mailed to: ecds@ferris.edu.

Picking Up Completed Tests: Date ECDS Initials

____ Professor will arrange test to be picked up in STR 313. Person picking up test:_________________
____ Student may hand carry secured test back to Professor. ____________________________
____ Test will be scanned and e-mailed to professor and original will be sent via campus mail (in secure red envelope). ____________________________

Professor’s Signature ____________________________________________

- - - - - For ECDS Use Only - - - - -

Allowed time: 1 hour 15 minutes/1 hour 30 minutes/1 hour 40 minutes/1 hour 55 minutes

Test Started: ____________ a.m. /p.m.  ECDS Staff Initials ____________
Test Finished: ____________ a.m. /p.m.  ECDS Staff Initials ____________

Student’s Signature: ____________________________________________ Date: _______________________