

Date Test Scheduled: \_\_\_\_\_ Time: \_\_\_\_\_

# TEST TRANSMITTAL FORM FOR FACULTY EDUCATIONAL COUNSELING & DISABILITIES SERVICES (ECDS)

[ecds@ferris.edu](mailto: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:

SPECIAL INSTRUCTIONS (Please initial all that apply):

\_\_\_\_\_ Must be same day, can be different time

\_\_\_\_\_ May use basic, non-graphing calculator

\_\_\_\_\_ Must take at scheduled class time

\_\_\_\_\_ May use personal calculator

\_\_\_\_\_ May take test at any scheduled time

\_\_\_\_\_ May use textbook

\_\_\_\_\_ Other

\_\_\_\_\_ May use dictionary

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\_\_\_\_\_ May use notes

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

\_\_\_\_\_ 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](mailto: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: \_\_\_\_\_