

Testing

Crouch Center Room 1043/931-393-1763

ADA Proctoring (Faculty)

SPECIAL ACCOMMODATIONS PROCTORING FACULTY INFORMATION

Students who have a documented learning, emotional or physical disability may be eligible to take your test in another setting, with different time limits or alternative formats. The Testing Center provides proctoring of special accommodations for students who attend Motlow State Community College.

Information for faculty:

1. Students should present an approved accommodations form to you prior to testing. For more information contact Sonya Hood, Director of Disability Service shood@mscc.edu or 931-393-1765
2. Forward the Test Proctoring Cover Sheet and any test materials at least 24 hours before the exam deadline.
3. You or designee may pick up the test upon completion. Testing Services will notify you by e-mail when the test has been completed.

Schedule: By appointment

Location: Main Moore County Campus – Crouch Center– Room 1043

Contact Persons – Toni Adkins _tadkins@mscc.edu

Marie Mosley – mmosley@mscc.edu

Janie Stout – jstout@mscc.edu

Smyrna Campus – Contact person - Gary Winton _gwinton@mscc.edu

Fayetteville Campus – Contact person - Debra Smith _dsmith@mscc.edu

McMinnville Campus –Contact person - Sally Pack – spack@mscc.edu

Test Proctor and Makeup Exam Faculty Cover Form

- Place this form and all test materials in an envelope or file folder
- Students must present picture ID for every test. NO EXCEPTIONS!
- Location: Main Moore County Campus – Crouch Center– room 1043 -Dept. 540

Main Moore County Office: 931-393-1763 ext: 1762 ext: 1718 or e-mail tadkins@mscc.edu, mamosley@mscc.edu, or jstout@mscc.edu Smyrna Campus: 615-615-220-7802 or e-mail gwinton@mscc.edu or kHUDSON@msc.edu
McMinnville Campus: 931-668-7010 or e-mail spack@msc.cedu or [mburgess @mscc.edu](mailto:mburgess@mscc.edu)
Fayetteville Campus: 931-438-0028 or e-mail dsmith@mscc.edu or vking@mscc.edu

Make-Up Test Request Form

Student Name

(1) _____ (6) _____
(2) _____ (7) _____
(3) _____ (8) _____
(4) _____ (9) _____
(5) _____ (10) _____

(Continue a blank sheet of paper if necessary)

Course Name/Number _____
Faculty Name _____
Faculty Phone _____
Faculty E-mail _____

Check the requested location for test administration:

Main Moore County Smyrna
 Fayetteville McMinnville

Test Administration: Amount of time allotted for test _____
Last date for the administration of this test _____

Specific instructions or restrictions for test (Continue on blank sheet of paper if necessary)

_____ Scan form _____ Blue Book

_____ Exam _____ Computer

Other _____

Testing aids allowed: _____ none _____ calculator _____ notes _____ text _____ scratch paper

Other (specify) _____

Materials to be returned: _____ I will pick-up
_____ Return via campus mail the day following the test administration.

Other _____