TEST TRANSMITTAL FORM FOR FACULTY
EDUCATIONAL COUNSELING & DISABILITIES SERVICES (ECDS)
ecds@ferris.edu  STR 313, 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

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 STR 313 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:

_____ Professor will arrange test to be picked up in STR 313. Date ECDS Initials
   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: __________________