



Name:	CWID:	Email:
Course: [	Instructor (First and Last Name):	
` `		Regular class meeting:
	<b>Important Information</b>	Mon. U Tues. Weds
• ATS Hours of Operation: Monday-Friday -8:30am-3:00pm (tests must be completed by 4:45pm)		Thurs Fri.
	equests must be scheduled by the student at least one	*Exam date:
	ousiness days) in advance.	*Exam time:
<ul> <li>Example: If you have a test on Thursday, September 12, you should have submitted it on or before Thursday, September 5.</li> <li>Tests should be scheduled on the same day/time as when your class</li> </ul>		Time Accommodation:
is taking back-to-b an acade professor	it unless there is an academic-scheduling conflict (e.g. ack class; evening class when ATS is not open). If you have mic-scheduling conflict, please discuss that with your r and arrange for an ALTERNATE testing time beforeing this form.	Online test (e.g., OAKS):
	ting this form, I understand: n responsible for arriving at the time of my reservati	Other: on to take the test. I understand that
Even appl dire CDS	ing at a later time does not guarantee that I will haven though my accommodations may allow the use of slications for testing purposes, I may not visit other stated to do so by CDS/SNAP staff or specifically state S/SNAP staff prior to the beginning of the test.	specific software, Word, or other ites, folders, emails, etc. while testing unlessed in writing by my professor to the
I will demonstrate academic integrity in accordance with the College of Charleston Student Code of Conduct. CDS/SNAP staff reports all instances of suspected academic dishonesty to the Dean of Students, the professor, and/or other College personnel.		
Typing you	ur first and last name below will serve as an electron	ic signature to this ATS form.
Signature:	Da	te:

## Section 2: Professor Information

**Professor's signature:** 

## **Important Information**

ATS Hours of Operation: Monday-Friday – 8:30am-3:00pm

(tests must be completed by 4:45PM)

- All test requests must be scheduled by the student at least one week (5 business days in advance).
- Tests should be scheduled by students on the same day/time as when their class is taking it unless there is an academic-scheduling conflict. See above page regarding this information.
- Please complete this second page of the ATS form and return it to us (along with your test) using SecureShare (as indicated in the instructions provided via email) prior to the day/time the student is expected to utilize the ATS.

If you have any questions, please contact Yvette Lambright or Redina Alston at ATS@cofc.edu. **Instructor (First and Last Name):** Course prefix and course number (e.g., BIOL 211) Preferred way to contact you if your student has a question or needs clarification during testing: **Email:** Phone: Section 3: Exam Information (to be filled out by the professor) Time allocated for exam in class: Materials allowed: No outside materials Calculator – type: memory deleted? Yes Notes Periodic Table Textbook(s) Notecard | Formula Sheet Computer Internet Use Spell-checker **Dictionary** Scratch Paper Other: Are bathroom breaks allowed during testing if not specified by an accommodation? No Is this an online test (taken via OAKS/other online tool)? No (Online testing automatically submits at conclusion of test) If yes, what additional information is needed to access the exam (i.e., password)? If not an online test, has the test been attached? No Section 4: Exam Return Information (to be filled out by the professor) Please scan and email to: Section 5: Signature Verification

Date: