

**Northeast Community College Testing Center
Student Request**

Date: _____ Student Name: _____

Instructor Name: _____ Class: _____

Test scheduled for: Month/Day/Year _____

✓ Circle the day of week: Mon., Tues., Wed., Thurs., Fri. Time _____

Student:

- ✓ Complete all information several days prior to your test or as soon as possible.
- ✓ Schedule a time for testing accommodations with the Testing Center by emailing testingcenter@northeast.edu, calling 402-844-7251, or stopping by College Welcome Center 1252.
- ✓ Complete this card and get your instructor's approval so he/she knows to provide a copy of exams/quizzes to the Testing Center at least two days in advance of testing date.

Instructor:

Does this date and time meet with your approval? Yes No Initials _____

- ✓ Complete Request for Instructor's Exam and submit with exam.

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