Northeast Community College Testing Center Student Request

Date:	Student Name:		
Instructor Name:		Class:	
Test scheduled for:	Month/Day/Year		
✓ Circle the day of w Student:	eek: Mon., Tues., W	/ed., Thurs., Fri.	Time

- ✓ 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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