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, mmosley@mscc.edu, or jstout@mscc.edu
Smyrna Campus: 615-615-220-7802 or e-mail gwinton@mscc.edu or khudson@msc.edu
Fayetteville Campus: 931-668-7010 or e-mail spack@mscc.edu or mburgess @mscc.edu

Make-Up Test Request Form

Student Name
(1) _____________________________ (6) _____________________________
(2)____________________________________ _____________________________
(3)______________ _____________________________ (7) _____________________________
(4)______________________________ (8) _____________________________
(5)_____________________________ (9) _____________________________
(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________________________________________________________________________