SERVICE REQUEST FORM
St. John Fisher College • Office of Academic Affairs • Kearney 202 • 385-8034 • email asc@sjfc.edu
Student is responsible for delivering the yellow copy to the instructor the day the request form is completed.
Please check your SJFC e-mail account for test confirmation.

Student Name ___________________________ Course (e.g. ENGL 150-01) __ __ __ __ __ __ __ __ __ __

Test Day (circle one): Mon./Tues./Wed./Thurs./Fri./Sat. Date ____ / ____ / ____ Time ____ : ____ A.M./P.M.

Instructor ___________________________________ Service Requested: Extended Time / Reader / Word Processor / Scribe
(please circle service as needed)

(Office Use) Proctor/Reader/Scribe ___________________________

Confirmed _____________ Location _________________

INSTRUCTOR:
Please complete the information below, seal the exam inside this envelope and deliver to the designated location,
preferably 24 hours before the scheduled testing time.

1. Special instructions (e.g. open book, use of formula sheet, etc.)

______________________________________________________________________________________________

2. Proctor should return completed test to:

______________________________________________________________________________________________

White – OAA copy Pink – Student Yellow – Instructor copy 9/08