



UNIVERSITY OF NEW ENGLAND

Disability Services (DS)

TEST ACCOMMODATIONS INCIDENT REPORT

To Be Completed by the DS Test Proctor

Student's Name: _____ Date: _____

Instructor: _____ Course: _____

In the space below, please describe how you believe that the student violated the guidelines established for using test accommodation services offered by DS:

Proctor's Signature

Student's Signature

Distribution: Instructor
Coordinator of DS
Student