**Exam ACCOMMODATION REQUEST**

Student’s name: ____________________________________  Course_____________________

Instructor: _______________________________________  Date & Time of Exam ______________

In order for the Academic Success Center to administer a test for a student requiring testing accommodations in your class, please complete this form in order to make arrangements for a proctor, reader, scribe, etc. available on the day of the assigned test. If this form is not submitted to the ASC office three days prior to an exam or if the exam is not received prior to the scheduled testing date, the ASC will not be able to administer the test and the professor and student will need to make arrangements for the student to receive accommodations.

A three day notice is required to make arrangements to accommodate a student in the ASC office.

**How will you deliver the test to the ASC office?**

____ Email attachment in WORD/PDF format: _____Hand deliver:  _____FAX (6969)

**Materials that may be used during the test session.**


____ Spell Check/ Grammar Check:  ____Formulas/Tables:  Other: ______________________

**How do you want the completed test returned to you?**

____Hand deliver to:  Your Office ___________ Dept. Sec. ______________

____Pick-up  (Building & Room)   (Building & Room)

**Instructor Signature:**

Student will not be allowed to take a test without instructor’s signature and completed form.

Date Test Administered____________________________  Proctor____________________________

Beginning Time: __________________     Ending Time: ______________________________

Test Returned To: ______________________________________  Date: __________________