

ACADEMIC SUCCESS CENTER

Evans Hall, Room 106 Box 5043 Fax 6969

ksippel@berry.edu

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.

____ Text book: ____ Dictionary: ____ Notes/Data Sheet: ____ Calculator: ____ Diagrams:
____ 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: _____