

STUDENTS WITH DISABILITIES EXAM REQUEST FORM

Date test is to be given	Today's D	ate	
Students name	I	D#	
Instructor's name		me	
\mathbf{A}	CCOMMODATIONS		
Test to be administered between the tir	nes of*	and	
Class test time allotted	_ ADA student's test time	allotted	
Notes allowed:	☐ Yes (if yes, specify)	□ No	
Books allowed:	☐ Yes (if yes, specify)	□ No	
Calculator allowed:	☐ Yes (if yes, specify)	□ No	
Student must Provide Scantron: Other Accommodations:	☐ Yes	□ No	
Special instructions for administeri	ng the exam:		
Leave completed exam	☐ In Dept. Mail box	Other (specify)	
Note:			

- Office hours: Monday through Friday 8:00 a.m. until 5:00 p.m.
- Please take test(s) to the Dean of Students office (Stafford 214).
- Complete one form for each exam to be administered.
- It is the students responsibility to schedule test with the Dean of Students office in a timely fashion (774-3767)

*If not taken within the specified time, test will automatically be returned to the instructor's departmental mailbox and it will be up to the student, with permission of the instructor, to reschedule the test for another time.

Test Administered by:		
	OFFICE USE ONLY	