TEST ACCOMMODATION REQUEST

☐ If you need assistance filling out this form, see the secretary.
☐ This request must be made at least **48 hours prior to the test.**
☐ The attached form must be given to your instructor.

Your Name _____________________________________ Today’s Date ______________

Course ________________________________________

Name of Instructor______________________________

Day & Time of Class ______________________________*

Date of Test ________________________________

Accommodations you will need for this test, (accommodations must agree with Accommodation Memo). Check all that apply:

☐ Extended Time  ☐ Reduced Distraction Testing Room
☐ Computer for Word Processing  ☐ Test Enlarged
☐ Test Read onto Tape  ☐ Use CCTV
☐ Someone to Record My Answers  ☐ Other: ________________________________

*Time must be scheduled with Student Success Center staff.