

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.**