TEST ACCOMMODATIONS REQUEST FORM

Student:		
Today's date:		
Telephone number:		
Course number:		
Instructor:		
Date/time instructor is givin		
Length of time given in cla	ss:	
Preferred date/time to take	test:	
Accommodations requested	I (check all that apply):	
Test questions read	Extended time	Dragon
Enlarged text	Testing in stages	Calculator
Answers scribed/tapedxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	-	
TO BE COMPLETED BY TH	IE OFFICE OF ACCESSIBI	ILITY SERVICES:
To:		
From: Catherine A. Carlson, Da	irector, Office of Accessibility	Services
The above named student is sch	eduled to take his/her	
test on	t on at	
in room Ple	ease deliver a copy of the test to	o the Academic Support
Center on or before		
If you prefer, you may email the please be sure to copy the e-mai off-campus when it is sent.		

Thank you for your assistance!