## TEST ACCOMMODATIONS REQUEST FORM

Student: $\qquad$
Today's date: $\qquad$
Telephone number: $\qquad$
Course number: $\qquad$
Instructor: $\qquad$
Date/time instructor is giving test: $\qquad$
Length of time given in class: $\qquad$
Preferred date/time to take test: $\qquad$
Accommodations requested (check all that apply):
Test questions read $\square$ Extended time


Dragon


Enlarged text $\square$
Testing in stages


Calculator $\square$
Answers scribed/taped $\square$
Word processor $\square$
TWP


TO BE COMPLETED BY THE OFFICE OF ACCESSIBILITY SERVICES:

To: $\qquad$
From: Catherine A. Carlson, Director, Office of Accessibility Services
The above named student is scheduled to take his/her $\qquad$
test on $\qquad$ at $\qquad$
in room $\qquad$ . Please deliver a copy of the test to the Academic Support

Center on or before $\qquad$ .

If you prefer, you may email the test to me at catherine.carlson@ sunycgcc.edu, and please be sure to copy the e-mail to laurel.phoenix @ sunycgcc.edu in the event that I am off-campus when it is sent.

