



**REQUEST FOR ACCOMMODATION(S)
Division for Academic Success**

Today's date: _____

Student's name: _____

Course name and number: _____

Faculty's name: _____

Class start time: _____

Time of exam Start: _____

Finish: _____

Signature of person proctoring exam

Accommodation(s) given. Check all that apply.

<input type="checkbox"/>	extended time	<input type="checkbox"/>	limited distraction environment	<input type="checkbox"/>	reader
<input type="checkbox"/>	scribe	<input type="checkbox"/>	use of computer software	<input type="checkbox"/>	use of assistive technology
<input type="checkbox"/>	alternative test format	<input type="checkbox"/>	testing date extension	<input type="checkbox"/>	make-up

If the professor calls with exam changes, when do you want to be notified?

____ during exam

____ after exam (with appropriate time)

I have been given the accommodation(s) as indicated above.

Student's Signature

Date

Student's Printed Name