



## 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