

Test Scheduling Request

Disability Support Services

Important: An exam cannot be scheduled unless Alternative Testing Accommodations have been selected for the class through the Accommodation Letters.

Student Information:

Name: _____ Phone: _____

Course Information:

Course: _____ Professor: _____

Exam Information: If the DSS Office does not receive at least 3 working days notice, you may have to take the test with the rest of your class.

Day (*circle one*): Monday Tuesday Wednesday Thursday Friday

Date: _____ Time: _____

Length of Exam: _____ (time given for the class)

Testing Accommodations Requested (*check only those that have been approved for you*):

- | | |
|---|---|
| <input type="checkbox"/> Extended Time | <input type="checkbox"/> Scribe (_____) |
| <input type="checkbox"/> Reduced Distracted Environment | <input type="checkbox"/> Reader (_____) |
| <input type="checkbox"/> Alternate Test Format | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computer (program: _____) | |

Acknowledge:

- I understand that any evidence of cheating or use of unauthorized materials will result in immediate confiscation of both test and unauthorized materials.
- I understand that if I arrive more than 15 minutes late for my exam, DSS reserves the right to cancel my appointment, notify the professor, and require that I reschedule the exam with my professor.
- I confirm that it is my responsibility to discuss with my professor the exam date, time, and accommodations.
- I understand it is my responsibility to contact the DSS office if an exam time or date has been changed.

Signature: _____ Today's date _____

<i>For office use only:</i> Recorded on calendar: _____ Scheduled in AIM _____
