



## Accommodation Test Request Form

### Completed by Student

Student Name:	Student ID:	Date:
Requested Exam Date:	Requested Exam Time: ___:00 or ___:30	Class meeting times per week: ___
Course Name and Section:	Professor Name:	
<b>Approved Requested Accommodations:</b> _____% Extended time: ___ Distraction Reduced		
<input type="checkbox"/> Word Processor/Comp	<input type="checkbox"/> Text to Speech	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Scribe	<input type="checkbox"/> Reader	<input type="checkbox"/> Other:

**Students, do not continue below this line. Save and send this PDF to DisabilityServices@ccsu.edu**

### Completed by Professor

Professor Name:	Course:
Date of Exam:	Allotted test time for class:
<b>Please check any exam allowances:</b> <input type="checkbox"/> calculator <input type="checkbox"/> open notes <input type="checkbox"/> open book <input type="checkbox"/> formula sheet <input type="checkbox"/> scrap paper <input type="checkbox"/> Blue books <input type="checkbox"/> scantron sheet <input type="checkbox"/> other: _____	
<b>Delivery:</b> <input type="checkbox"/> Will drop off exam <input type="checkbox"/> Will email exam	
<b>Return:</b> <input type="checkbox"/> Will pick up exam <input type="checkbox"/> Exam emailed	

### Office Use

Start proctor: _____	Actual Time Started: _____
End proctor: _____	Allotted End Time: _____
	Actual End Time: _____
Comments: _____	
Date: _____	

Professor/Dept. Secretary signature: \_\_\_\_\_ Date: \_\_\_\_\_