



Testing Accommodations Request Form

Instructor Information

Instructor Name: _____ Email: _____

Office Phone: _____ Secondary Phone: _____

Course and Exam Information

Course Alpha and CRN: _____ Title of Exam _____

Date(s) that exam will be administered: _____ Exam Duration: _____

Please check all they applies:

Open book?

Yes
 No

Open notes?

Yes
 No

Other equipment, resources or materials allowed:

Calculator
 Scratch Paper
 Headphones
 Other (please specify): _____

Name of student(s) taking the test:

Special accommodations and / or request? Please Specify:

Signature and Acknowledgement

Instructor signature: _____ Date: _____