

SEMESTER TESTING ACCOMMODATIONS REQUEST FORM

Fresno State, Services for students with Disabilities

Testing Services 559-278-7220

Students, please fill in all necessary information that is being requested. Once completed, turn this form in to the SSD office to set up dates and accommodations for all exams. **This completed form is due to SSD one week before your first exam of the semester. You will need to fill out this form for each enrolled course.**

SSD STUDENT: Please complete the following information.

Name:	Phone #:	Email:
Professor's Name:	Course:	Days of Class:
Class time:	Classroom location:	

Accommodations I am AUTHORIZED for and I am requesting for this class (check boxes)

<input type="checkbox"/> Reader <input type="checkbox"/> Scribe (Writer) <input type="checkbox"/> Spelling Aid <input type="checkbox"/> Color Paper <input type="checkbox"/> 4 Function Calculator <input type="checkbox"/> Enlarge Exam (129%) <input type="checkbox"/> Other _____	<input type="checkbox"/> CCTV <input type="checkbox"/> Computer-Word/Notepad <input type="checkbox"/> Computer-Dragon/Kurzweil <input type="checkbox"/> Computer With JAWS	<p align="center">Room/Time Accomm.</p> <input type="checkbox"/> Private <input type="checkbox"/> Quiet <input type="checkbox"/> Time <input type="checkbox"/> Double Time <input type="checkbox"/> Time & ¼ <input type="checkbox"/> Time & ½ <input type="checkbox"/> Restroom Break
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Please list all exams for this course in the order that it will be taken.

- If you need to enter more exams please complete an additional form.
- Please do not include pop/weekly **quizzes** and **final exams** on this form. Please refer to the SSD office for additional information & special forms.

	Test Date	Test Day	Test Time
Test 1			
Test 2			
Test 3			
Test 4			
Test 5			
Test 6			

Student Signature: _____ **Date:** _____

Intital all fields:

1) DSTMP____ 2) Input in SAM ____ 3) Scan and E-mail to Prof. /inner campus mail ____

File when Finished