

**Request for Accommodations at Office of Testing Services
EPT / ELM / UDWE / TEAS / MAT Exams**

Student Name _____ **Today's Date** _____

Student ID# _____ **Phone #** _____ **Exam Date** _____

I give Services for Students with Disabilities (SSD) permission to verify the testing accommodations I receive to Testing Services for the following exam(s):

EPT _____ ELM _____ UDWE _____ TEAS _____ MAT _____ Other _____

Note: Test bulletins, registration materials, and deadline dates are available at the Office of Testing Services, Family Food and Science building (FFS), Room 110.

Accommodations I am AUTHORIZED for and I am requesting: (check boxes)

<input type="checkbox"/> Reader <input type="checkbox"/> Scribe (Writer) <input type="checkbox"/> Spelling Aid <input type="checkbox"/> Taped Exam <input type="checkbox"/> Color Paper _____ <input type="checkbox"/> 4 Function Calculator	<input type="checkbox"/> Enlarge Exam (129%) <input type="checkbox"/> CCTV <input type="checkbox"/> Computer _____ <input type="checkbox"/> Computer w/Drg. <input type="checkbox"/> Computer w/ JAWS <input type="checkbox"/> Other _____	<p>Room Accommodation</p> <input type="checkbox"/> Private <input type="checkbox"/> Quiet
		<p>Time Accommodation</p> <input type="checkbox"/> Time <input type="checkbox"/> Double Time <input type="checkbox"/> Time & ¼ <input type="checkbox"/> Other Time <input type="checkbox"/> Time & ½ <input type="checkbox"/> Restroom Brk.

Notes: _____

Student Signature _____

IMPORTANT:

- **Requests MUST be made a minimum of 2 weeks in advance. If your request is being submitted after two weeks then know that it is up to the discretion of Testing Services to determine whether accommodations can be approved.**
- When you register for these exams, be sure to advise the Office of Testing Services in FFS, 110 that an accommodation approval form will be sent to them from SSD.
- Students receiving testing accommodations must report to FFS, Room 110 the day of the exam.

SSD Office use only

- The student is approved for the accommodations as noted above: Any adjustments from original student request have been made and initialed by SSD staff.
- The student has met the minimum 2 week deadline.
- The student has not met the minimum 2 week deadline and understands that it is up to the discretion of the Office of Testing Services to determine if the use of the accommodations can be approved.

SSD Staff Signature _____

Date _____

Received By Testing Services _____

Date _____