

## Semester Exam and Quiz Accommodation Request Form

Students, please fill in all necessary information that is being requested. Once completed, submit 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.

### Student Information

Students Full Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Professor's Name: \_\_\_\_\_ Course: \_\_\_\_\_ Class Time: \_\_\_\_\_

Days of Class: \_\_\_\_\_ Classroom Location: \_\_\_\_\_

### Testing Accommodations

#### Testing Aids

- Reader
- Scribe (Writer)
- Spelling Aid
- Color Paper
- 4 Function Calculator
- Enlarge Exam (129%)
- Other: \_\_\_\_\_

#### Assistive Technology

- CCTV
- Computer - MS Word
- Computer - Dragon
- Computer - Read&Write
- Computer - JAWS
- Computer - ZoomText

#### Room / Time

- Private
- Quiet
- Time
- Time & ¼
- Time & ½
- Double Time
- Restroom Break

### Course Dates and Times

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

#### OFFICE USE ONLY

1) DSTMP: \_\_\_\_\_ 2) Input in SAM: \_\_\_\_\_ 3) Scan and E-mail to Prof. /inner campus Mail: \_\_\_\_\_ 4) File when Finished