

SEMESTER EXAM AND QUIZ ACCOMMODATION REQUEST

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 they will be taken.

- If you need to enter more exams please complete an additional form.
- Please do not include final exams on this form.

| 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) File when Finished: ____