

Testing Request for Students with Disabilities

Complete and e-mail to Gina Parris / Betty Raby / Professor

AT LEAST 2 business days prior to the test.

Student Name:

Professor Name:

Class (i.e., Bio-11-A):

Class Time:

Date of Test:

Time of Test:

How long does the class have to finish this test?

How will the test get to the Office of Disability Services?

PLEASE NOTE:

- *If professor e-mails the test, please send to Gina Parris & Betty Raby*
- *Please have professor notify us of any special instructions which may apply to this test (i.e., use of calculator, note cards, time limits, etc.)*

How will the test be returned to the professor?

Has your professor approved these arrangements? YES NO

For Office of Disability Services Use Only

Today's Date: _____

Accommodation: _____ **Total Time Allowed:** _____

Began Test At: _____ **Ended Test At:** _____

Additional Information: _____
