

Request for Accommodated Testing

Disability Services Office



Note:

The student requesting the accommodated testing is responsible for fully completing this form.

If the department facilitates the exam, this form can be submitted to the department/instructor.

The form must be submitted at least one week prior to the exam date.

Student Name: _____ Today's Date: _____

Course ID: _____ Course Name: _____ Instructor: _____

Student (to be completed by the student)

Part I: To be completed by the student in compliance with their accommodation agreement (check all that apply)

- Extra time (please list total number of hours allowed for this exam) _____
- Quiet, non-distracting environment
- Exam Reader Large Print
- Use of computer Scribe
- Other _____

Note: special materials are to be provided by the department administering the exam, unless special arrangements are made.

Instructor (to be completed by the instructor)

Part II: Exam date, delivery and return method to be completed by the instructor

- Faculty/Department will facilitate the accommodations
- Disability Services will facilitate the accommodations.

Testing date: _____ Start time: _____ Length of exam: _____

Test will be delivered by:

- E-mail Instructor Student Other:

Test will be returned by:

- Student Instructor Other:

Tests must be delivered to Jere Witherspoon (either in person, e-mail or fax)
one day prior to the scheduled exam time.

This completed form must be returned to the Center for Teaching and Learning one week prior to the exam date.

For more information contact Jere Witherspoon ♦ Ext. 2316 ♦ Fax 503-554-2339 ♦ jwitherspoon@georgefox.edu

This form can be found at: www.georgefox.edu/offices/disab_services/dsforms.html