

Request for Accommodated Testing

Center for Teaching and Learning



Note: The student requesting the accommodated testing is responsible for fully completing this form and then submitting it to the Center for Teaching and Learning office. 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. Failure to do so could result in the student not being able to take the test with the requested accommodations.

Student Name: _____ **Date:** _____

Course ID: _____ **Course Name:** _____ **Instructor:** _____

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

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

- Faculty/Department will facilitate the accommodations
- Center for Teaching and Learning 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)
prior to the scheduled exam time.**

Instructor's name and signature: _____

Instructor's E-mail (please write clearly): _____

Office location: _____ **Phone:** _____

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