



### Testing Accommodation Request Form

**This form must be returned to Disability Services at least 3 full days prior to the requested exam date.**

*Incomplete forms will not be accepted. It is the responsibility of the student to initiate the accommodation process and to notify instructors in advance to discuss accommodation arrangements. Please note that all exams must be completed during the DSO hours of operation (8:00 AM to 4:30 PM Monday through Friday) Testing room is located in 113 Bernardine Hall.*

#### **TO BE COMPLETED BY THE STUDENT**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Course Title: \_\_\_\_\_ Course No. \_\_\_\_\_

Course Meeting Schedule:  M  T  W  TH  F Weekly Time: \_\_\_\_\_

Instructor/Professor: \_\_\_\_\_ Test Date (as indicated on syllabus): \_\_\_\_\_

Check this box if extended time for exam conflicts with another class or exam

**Test date you are requesting:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Time:** \_\_\_\_\_

Please check the accommodations you need for this exam: (DS will verify your eligibility for this request)

Extended time  Quiet environment  Computer  Other: \_\_\_\_\_

Additional Comments/Concerns:

#### **TO BE COMPLETED BY INSTRUCTOR**

Email: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Location during exam: \_\_\_\_\_

*(if the student has questions during the exam - please provide phone number or classroom location)*

How will exam be delivered:  Email to: [disability.services@alvernia.edu](mailto:disability.services@alvernia.edu)  By Instructor  By Student  DS Drop Box

How should exam be returned:  By Student  to Dept. Secretary (next day)  Instructor Pick-up  Email (Alvernia only)

**Amount of time class receives for exam:** \_\_\_\_\_ **(DS will increase accordingly)**

Exam Specifications: I am allowing students to use the following: *(specify in the space below - e.g., calculator, class notes)*

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

**FOR DS STAFF ONLY:**

**SCHEDULED** by \_\_\_\_\_ date \_\_\_\_\_

Delivery Confirmation: Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Return Confirmation: Sent by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Accommodations approved:  Extended time  Quiet environment  Computer  Other: \_\_\_\_\_

**Exam Start Time:** \_\_\_\_\_ | **Break:** \_\_\_\_\_ (Time out) \_\_\_\_\_ (Time in) | **Exam End Time:** \_\_\_\_\_