

**Name:**

**Date:**

Requests must be made **AT LEAST ONE WEEK IN ADVANCE** unless other arrangements have been approved by Accessibility and Disability Services. **Testing room hours are 8:30 AM to 4:00 PM, Monday-Friday**. Please hand completed forms to the Assistive Technology Specialist or put completed forms in the hanging file on the Assistive Technology Specialist's door. The ATS or Director will contact you via Edgewood email to confirm the testing time. Please call the Student Resource Center x2281 or stop by (206 DeRicci Hall) if you have questions. **PLEASE: ONLY ONE EXAM REQUEST PER FORM.** Multiple exam requests require multiple request sheets.

**Please answer the questions below:**

1. What alternative testing needs have been approved for you by Accessibility and Disability Services?  
(Check all that apply.)

- Time and a half
- Double Time
- Quiet Environment
- Computer for essay/short answer
- Audio exam/reader
- Print Enlargement
- Scribe/Voice Recognition
- Calculator

Other:

2. Please list the name of the course and the name of the instructor (at least last name).

**COURSE:**

**INSTRUCTOR:**

3. Please list the date and time of the test  
**SCHEDULED FOR YOUR CLASS.**

	DATE	START TIME	END TIME
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

4. Please list the date and time **YOU** are taking the test (include extended time, if applicable). **ROOM HOURS: 8:30 AM – 4:00 PM**

	DATE	START TIME	END TIME
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

5. If your exam time does not overlap with the class's exam time, please explain why.