



Testing Accommodation Form

Walk In

Reader

Computer

A Testing Accommodation Form must be completed for each exam and **returned by the student to SDS at least one week before the test date**. SDS will not provide scantron forms for exams. Special testing conditions (e.g., write answers directly on exam, use of notes, student allowed to take test with them when finished) must be specified below.

Other arrangements may need to be made if student does not turn form in on time.

Student should complete this section (print all information):

Student Name: _____ Phone: _____ **BUFF ID:** _____

Course name/number/section: _____ Semester/Year _____

Professor (First and Last Name): _____ **Office Phone:** _____

Professor's Office Location: _____
(bldg, room)

Accommodations for this exam: _____

Can you take the exam at the same time the class is scheduled to take it? yes no

If NO, please indicate the reason _____

I understand that I am responsible for completing and submitting this form to SDS a minimum of **ONE WEEK** before the test date.

Student's signature: _____ **Date:** _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected by this form.

Instructor should complete this section: The SDS Office contacts each professor at least one day before each exam to make arrangements. *Phones are not allowed under any circumstances while testing in our testing rooms. If we suspect that a student is using a phone or any other unapproved document/device during testing, we will immediately collect the test and the device and contact the professor for further action.

On this date _____ **the test will be taken at: Time:** _____ **to** _____ **Time allotted in class:** _____

The test will be:

Delivered to SDS Picked up by SDS Emailed to SDS (pfarley@wtamu.edu or mhisel@wtamu.edu)

Special instructions (open book, calculator, notes): _____ **Please initial**

Office location where SDS should return completed exam: _____

HOLD EXAM FOR PICK UP:

I understand the above named student will receive accommodations on the test to be administered as listed above.

Instructor's signature: _____ **Date:** _____

Thank you for working with our office!