Testing Accommodation Form

NO tests will be given at SDS without a form and at least a 24 HOUR NOTICE. Scantrons are not provided by SDS.

*Completed by student (print all information):

Student Name: ___________________________ Phone: __________________ BUFF ID: _________________

Abbreviated Course name & number: ___________________________ Semester/Year _________________

(Example: Biology 1411 would be abbreviated as BIOL 1411)

Professor (First and Last Name): __________________________________________________________________

Accommodations for this exam: ___________________________________________________________________

If you are unable to take the test at the same time the class is scheduled, please indicate the reason:

_____________________________________________________________________________________________

I understand that if I do not notify SDS at least 24 HOURS before the test date, I will be required to take the test in the classroom without accommodations.

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.

Phones or smart watches are not allowed under any circumstances while testing in our 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.

*Completed by instructor:

On this date _______, test will be taken at: Time: ______ to _______ SDS will calculate additional time.

The test will be: □ Delivered to SDS □ Emailed to SDS (sds@wtamu.edu)

□ Open Book □ Calculator □ Notes □ None □ Other: ________________________________

Contact phone number: _______________________________

Completed exam should be:

HELD FOR PICK UP □ SCANNED & EMAILED □

DELIVERED TO OFFICE LOCATION: ________________________________

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

Instructor’s signature: ___________________________ Date: __________________

Thank you for working with our office!