



**Testing Accommodation Form**

**Exams will not be given without a form submitted to SDS at least  
2 BUSINESS DAYS between the hours 8:00am-5:00pm.**

**\*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 **2 BUSINESS DAYS** between the hours 8:00am – 5:00pm before the test date, I will be required to take the test in the classroom without accommodations.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phones or smart watches **ARE NOT ALLOWED** while testing in our rooms.

**\*Completed by instructor:**

- Date to test at SDS \_\_\_\_\_
- Time to start at SDS \_\_\_\_\_
- Regular class period length \_\_\_\_\_ (SDS will calculate the extended 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!**