



Classroom Center 106, Office (806) 651-2335

Testing Accommodation Form

NO tests will be given at OSA without a form and at least a 2 BUSINESS DAYS NOTICE 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 OSA 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 OSA _____
- Time to start at OSA _____
- Regular class period length _____ (OSA will calculate the time accommodations)

The test will be: Delivered to OSA Emailed to OSA (osa@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!