**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!