Testing Accommodation Form

NO tests will be given at SDS without a form and at least a 48 HOUR (2 DAYS) 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 48 HOURS (2 DAYS) 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 addition 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!  Rev07/19