

Testing Accommodations Schedule

Please complete entire form and return to student assistant in the SSC. Thank you!

Student Name: _____ **Semester:** _____

Class: _____ **Instructor:** _____

Class days: (please circle) *Monday Tuesday Wednesday Thursday Friday*

Class Start Time _____ **Class End Time** _____

Note: Your form **cannot** be processed if you do not have an exact start and end time for your exams. To calculate this, ask your instructor for the time length of the exams. Then, multiply that time by your extended time length (1.5x, 2x, etc). Then, consider how early you must start your exam to return on time for lecture, if applicable.

Your form **cannot** be processed without an instructor signature, certifying they have received a copy of your accommodations letter. If you need a copy to give to an instructor, please see the student assistant in the SSC.

Testing Schedule

Day of the Week of Exam	Date of Exam	Exam Time Begin	Exam Time End	ATI? (check if yes)

I agree that I have given a copy of my accommodations letter to my instructor. I also agree that I have calculated my testing time to the best of my ability with an accurate start and end time.

Student Signature: _____

I agree that I have received a copy of the accommodations letter from the student listed above. I understand the student will be taking all exams and quizzes in the Student Success Center, unless the student alerts the instructor of alternative plans. Test materials can be delivered to the SSC Coordinator by e-mail or SSC drop-box.

Instructor Signature: _____

Office Use Only	
Name of Student Assistant	Date Entered in Calendar
_____	_____