



**Testing Accommodations Schedule**

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

Student name: \_\_\_\_\_ Semester: \_\_\_\_\_

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

Class days: (please check)      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. **You must include your extended time on this form.** 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 (including extended time)	Exam time end (including extended time)	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. I understand that I must begin my exam/quiz at the time designated on this form, except for extenuating circumstances.

**Student signature:** \_\_\_\_\_

I agree that I have received a copy of the accommodation letter from the student listed above. I understand that 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 email or SSC drop-box.

**Instructor signature:** \_\_\_\_\_

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