

ALTERNATE TESTING FORM

Name: _____

Class: _____

Instructor: _____

Form turn-in date: ____ / ____ / ____

Test Date and Time: Please list the time of the test below. You may **not** change the time of the test from your regular class period without permission of instructor.

Day: Mon. Wed. Fri. Tues. Thurs.

Time: 8am 9am 10am 8am 9:30am 11am
 11am 12pm 1pm 12:30pm 2pm 3:20pm

Academic Adjustment: please check appropriate box(es).

Scribe Computer Resources Limited Distraction Extended Time

Delivery method: please discuss with instructor and check appropriate box.

Campus Mail Student Delivery Faculty Pick-up

Special Circumstance: If you have a special testing circumstance and would like to submit it for consideration, please detail circumstance below and get approval from the ADA office.

Approved by: _____ Date: _____

RETURN COMPLETED FORM TO TEST DROP BOX 3-5 DAYS PRIOR TO TEST

**Disability Services reserves the right to deny accommodations in situations where there is insufficient time to provide it or where there is no valid documentation supporting such requests.