Test Scheduling Request
Disability Support Services

**Important:** An exam cannot be scheduled unless Alternative Testing Accommodations have been selected for the class through the Accommodation Letters.

**Student Information:**
Name: _________________________________    Phone: _____________________________

**Course Information:**
Course: ________________________________    Professor: __________________________

**Exam Information:** If the DSS Office does not receive at least 3 working days notice, you may have to take the test with the rest of your class.

Day (circle one): Monday Tuesday Wednesday Thursday Friday
Date: _____________________________    Time: ________________________________
Length of Exam: ___________________________ (time given for the class)

Testing Accommodations Requested (check only those that have been approved for you):
- [ ] Extended Time
- [ ] Reduced Distracted Environment
- [ ] Alternate Test Format
- [ ] Computer (program:______________)
- [ ] Scribe (____________________)
- [ ] Reader (____________________)
- [ ] Other: _______________________

**Acknowledge:**
- [ ] I understand that any evidence of cheating or use of unauthorized materials will result in immediate confiscation of both test and unauthorized materials.
- [ ] I understand that if I arrive more than 15 minutes late for my exam, DSS reserves the right to cancel my appointment, notify the professor, and require that I reschedule the exam with my professor.
- [ ] I confirm that it is my responsibility to discuss with my professor the exam date, time, and accommodations.
- [ ] I understand it is my responsibility to contact the DSS office if an exam time or date has been changed.

Signature: __________________________________   Today’s date ______________________

For office use only:    Recorded on calendar: ___________    Scheduled in AIM _________________