SPECIAL TESTING ACCOMMODATIONS

PLEASE RETURN THIS FORM & TEST TO: UNIVERSITY TESTING SERVICES, or Fax 672-1216

Appointment Date: ____________________  Appointment Time: ____________________

Normal Class Time: ____________________  Regular Class Time Allowed: ______________

Student Information

Student Name          BannerID          Course

Instructor Name          Ext

Instructor Information

Student is authorized to utilize the following items during the exam.

Calculator       Notes       Books       Scratch Paper       Other __________________________

(Additional time is based on Regular Class Time Allowed. If instructor allows for additional time other than allowed, it MUST be stated in Instructor's Comments.)

Instructor Comments: ________________________________________________________________

Return Test via: (Please choose option)

Campus Mail to: ____________  Call for Pick-up ext.: ____________  Fax to: ____________

(Student Services Use Only)

Extended Time    Double Time    Solitary Environment    Reader    Scribe    Computer

Comments: ________________________________________________________________

Proctor Information

Received: ____________  Start Time: ____________  Extended Stop Time: ____________

Proctor Comments: ________________________________________________________________

Testing instructions read to the student.  Yes    No

Proctor Signature          Date          Student Signature          Date

Returned: Campus Mail ____________________  Fax ____________________

Date/MS stop          Date/Fax #

Retrieved by:

Signature          Date

Special Accommodation Form.doc
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FSU - UTS