



Disability Services Office
 Laboratory Building 102
 Telephone: (707) 654-1561
 scase@csum.edu

Testing Accommodation Form

Deadline for Quizzes: 3 business days | Mid-Terms, Finals: 5 business days

1. STUDENT: Please complete the following information.

_____		_____	_____	
STUDENT'S NAME		NET ID	INSTRUCTOR'S NAME	
_____	_____	_____	_____	
COURSE DEPARTMENT	COURSE NUMBER	SECTION	COURSE TITLE	

2. INSTRUCTOR: Please complete the following information.

- A. Test Conditions:**
- Calculator allowed | Select one: Basic Graphing Scientific
 - Calculator not allowed Closed book exam Open book exam
 - Green Book required Scantron required Short answer
 - Notes not permitted Notes permitted: _____
 - Software/computer/internet access required: _____
- B. Exam Delivery:**
- Instructor will **email exam 24 hours in advance** to Disability Services
 - Instructor will **hand deliver exam 24 hours in advance** to Disability Services
- C. Exam Return:**
- Disability Services will **deliver exam** within 1 business day to department office
 - Instructor will **pick up exam** from Disability Services

3. STUDENT & INSTRUCTOR: Please complete the following information together.

Assessment is on _____ at: _____ a.m. | p.m. and the class receives _____ hours and _____ minutes.
 If this needs to be accommodated at a **different date and time**, it can be done so on the following:

_____	_____	_____	_____
INSTRUCTOR'S SIGNATURE	DATE	PHONE NUMBER	EMAIL
_____	_____	_____	_____
STUDENT'S SIGNATURE	DATE	PHONE NUMBER	EMAIL

FOR OFFICE USE

Day of the exam: _____ Actual Start time: _____ a.m. | p.m. End Time: _____ a.m. | p.m.