



**SUMMER TEST ACCOMMODATIONS REQUEST**

**Office of Disability Services – 1P-101  
Margaret Venditti, Director  
Telephone: 1(718) 982-2510, Fax: 1(718) 982-2117**

**STUDENT MUST RETURN THIS PAGE 3 DAYS PRIOR TO TEST DATE**

**Summer Testing Hours:      Mon. – Thurs. 9:30 AM to 5:00 PM**

**Please check with the office staff about the start and end dates of Summer office hours. Please note the testing hours listed for each day and allow yourself adequate time to complete exams by the end of the indicated testing hours as they will be collected by those times. Special arrangements must be made with instructors for evening or weekend exams. Dates and/or times of tests cannot be changed without permission of instructor.**

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Course \_\_\_\_\_

Professor's Name \_\_\_\_\_

Test Date \_\_\_\_\_

Time \_\_\_\_\_

I Will Need:     Extra Time       Calculator       Private Setting  
                   Reader             Writer             Sign Language Interpreter  
                   Other

**The test will be:**

\_\_\_\_\_ Dropped off at the Office of Disability Services 1P - 101 on \_\_\_\_\_.

\_\_\_\_\_ Faxed to the Office of Disability Services (Fax: 1-718-982-2117) on \_\_\_\_\_.

\_\_\_\_\_ E-mailed to ODS@mail.csi.cuny.edu on \_\_\_\_\_.

\_\_\_\_\_  
Professor's Signature

\_\_\_\_\_  
Date

**WITHOUT A PROFESSOR'S SIGNATURE THIS FORM CANNOT BE PROCESSED**



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**INSTRUCTORS : THIS PAGE MUST BE RETURNED TO DISABILITY SERVICES WITH EXAM**

Name \_\_\_\_\_ Course \_\_\_\_\_ Test Date \_\_\_\_\_  
Test Time \_\_\_\_\_

In addition to permitted accommodations, students may use the following additional items:

- |                  |                           |
|------------------|---------------------------|
| _____ Open Book  | _____ Notes/Data Sheet    |
| _____ Calculator | _____ Dictionary          |
| _____ Other      | _____ Nothing Can Be Used |

The test will be:

- \_\_\_\_\_ Dropped off at the Office Of Disability Services 1P-101 on \_\_\_\_\_
- \_\_\_\_\_ Faxed to the Office of Disability Services - Fax No. 1-718-982-2117 on \_\_\_\_\_
- \_\_\_\_\_ E-mailed to ODS@mail.csi.cuny.edu on \_\_\_\_\_

When completed, the test will be:

- \_\_\_\_\_ Delivered to department in a sealed envelope
- \_\_\_\_\_ Picked up at the Office of Disability Services
- \_\_\_\_\_ Mailed to:

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
Professor's Name (Print Clearly)

\_\_\_\_\_  
Professor's Signature

\_\_\_\_\_  
Date