SUMMER TESTING ACCOMMODATIONS REQUEST FORM

STUDENT MUST RETURN THIS PAGE 3 DAYS PRIOR TO TEST DATE

Summer Testing Hours: Mon. - Thurs. - 9:30 AM - 4:30 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 for adequate time to complete exams by the end of the indicated testing hours. 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.
- Any test not taken by the specified test date will be returned to the department by the next school day unless otherwise indicated by the instructor.

This section to be completed by student (please print):

Name: __________________________  EMPL ID# __________  S.S. # (last 4 digits): ________
Phone: __________________________  E-mail: __________________________
Course: __________________________  Professor: __________________________
Test Date: _______________________  Test Time: _______________________
Request(s):  _____ Extra Time  _____ Reader  _____ Sign Language Interpreter
            _____ Calculator  _____ Writer  _____ Other

This section to be completed by instructor:

The test will be:
   _____ Dropped off at the Center for Student Accessibility 1P - 101 on ___________
   _____ Faxed to the Center for Student Accessibility (Fax: 1-718-982-2117) on ________
   _____ E-mailed to CSA@csi.cuny.edu on________

Professor’s Signature  Professor’s Name (please print)  Contact # (in case we need to reach you)  Date

THIS FORM CANNOT BE PROCESSED WITHOUT A PROFESSOR’S SIGNATURE.

START TIME: _____________  END TIME: ____________
SUMMER TESTING ACCOMMODATIONS REQUEST FORM

Summer Testing Hours: Mon. - Thurs. - 9:30 AM - 4:30 PM

INSTRUCTOR:
PLEASE RETURN THIS PAGE TO THE OFFICE WITH THE EXAM OR PROVIDE THE INFORMATION BELOW IN AN E-MAIL TO: CSA@csi.cuny.edu

INSTRUCTIONS FROM PROFESSOR

How much time is the class receiving for this exam? ____________________________

Student’s 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 completed test will be sent to the department unless otherwise specified. See below:

_____ Delivered in sealed envelope to Building _____Room _________
_____ Picked up at the Center for Student Accessibility

Any test not taken by the specified test date will be returned to the department by the next school day unless otherwise indicated by the instructor.

ADDITIONAL INSTRUCTIONS (IF ANY):

______________________      _______________________    ____________________________     _________ 
Professor’s Signature  Professor’s Name (please print)  Contact # (in case we need to reach you)  Date

Revised 09/25/14