



2800 Victory Boulevard
Staten Island, NY 10314
T 718.982.2510 • F 718.982.2117
www.csi.cuny.edu

Center for Student Accessibility

SUMMER TESTING ACCOMMODATIONS REQUEST FORM

Office Hours: Mon. - Thurs. - 9:00 AM - 5:00 PM

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 shredded 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 _____.
 E-mailed in Word format only 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: _____





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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 shredded 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