TESTING ACCOMMODATIONS REQUEST FORM

Office Hours: Mon., Tues., Wed., Fri. - 9:00 AM - 5:00 PM; Thurs. - 9:00 AM - 7:00 PM

STUDENT MUST RETURN THIS PAGE 3 DAYS PRIOR TO TEST DATE

Testing Hours: Mon., Tues., Wed., Fri. - 9:30 AM - 4:30 PM; Thurs. - 9:30 AM - 6:30 PM

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 _____________

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**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
- _____ Calculator
- _____ Other
- _____ Notes/Data Sheet
- _____ Dictionary
- _____ 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):**

<table>
<thead>
<tr>
<th>Professor’s Signature</th>
<th>Professor’s Name (please print)</th>
<th>Contact # (in case we need to reach you)</th>
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</thead>
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