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 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 Number     Date

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

START TIME _________                     END TIME __________
TESTING ACCOMMODATIONS REQUEST FORM

Office Hours: Mon., Tues., Wed., Fri. - 9:00 AM - 5:00 PM; Thurs. - 9:00 AM - 7:00 PM
Testing Hours: Mon., Tues., Wed., Fri. - 9:30 AM - 4:30 PM; Thurs. - 9:30 AM - 6:30 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
_____ Dictionary  _____ Calculator
_____ Nothing Can Be Used  _____ Other

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):

________________________    ________________________    ___________________     _____________
Professors’ Signature       Professors’ Name (please print)           Contact Number                          Date