



THE CITY UNIVERSITY OF NEW YORK

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

Center for Student Accessibility

TESTING ACCOMMODATIONS REQUEST

Until further notice, the Center for Student Accessibility (CSA) will be operating remotely to ensure equal access to all online programming for students with disabilities.

CSA is open, virtually, Monday through Friday, from 9:00 am – 5:00 pm. Virtual testing hours are available Monday through Friday, from 9:30 am – 4:30 pm. For general questions and concerns, please send an e-mail to CSA@csi.cuny.edu or leave a voice message at 718-982-2510. For more information about CSA, please visit our webpage www.csi.cuny.edu/csa.

Form Instructions:

This form must be submitted three days prior to the exam date.

- 1. The student must complete Part I of the form.
2. Once completed, click "Save" and attach the form, in an e-mail, to your professor.
3. Faculty must complete Part II of the form.
4. Once completed, please press "Submit" to process the accommodation request.

The form must be submitted three days prior to the exam date.

PART I This section to be completed by student:

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

PART II This section to be completed by instructor: The test will be:

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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PART II Continued

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 returned an attachment to an email address specified by the professor unless otherwise specified below.

ADDITIONAL INSTRUCTIONS (IF ANY):

Professor's Signature

Professor's Name (please print)

Contact # (in case we need to reach you) Date