



2800 Victory Boulevard  
Staten Island, NY 10314  
T 718.982.2510 • F 718.982.2117  
[www.csi.cuny.edu](http://www.csi.cuny.edu)

Center for Student Accessibility

### St. George Campus

#### TESTING ACCOMMODATIONS REQUEST FORM

Office Hours: Monday Wednesday Thursday 9:00 AM – 5:00 PM Tuesday – 9:00 PM - 2:00 PM

Testing Hours: Monday Wednesday Thursday 9:30 AM – 4:30 PM Tuesday – 9:30 PM - 1:30 PM

#### STUDENT MUST RETURN THIS PAGE 3 DAYS PRIOR TO TEST DATE

- **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: \_\_\_\_\_ EMPLID# \_\_\_\_\_ 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 the instructor:**

**The test will be:**

\_\_\_\_\_ **E-mailed in Word format only to [CSA@csi.cuny.edu](mailto:CSA@csi.cuny.edu) on \_\_\_\_\_.**

\_\_\_\_\_ **Delivered to the Student Services office at St. George Campus.**

\_\_\_\_\_  
Professors' Signature

\_\_\_\_\_  
Professors' Name (please print)

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Date

**THIS FORM CANNOT BE PROCESSED WITHOUT PROFESSORS 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](mailto:CSA@csi.cuny.edu)**

#### *INSTRUCTIONS FROM PROFESSOR*

**How much time is the class receiving for this exam?** \_\_\_\_\_

Students' Name: \_\_\_\_\_ Course: \_\_\_\_\_ Test Date: \_\_\_\_\_ Test Time: \_\_\_\_\_

In addition to permitted accommodations, students may use the following additional items:

\_\_\_\_\_ Open Book

\_\_\_\_\_ Notes/Date Sheet

\_\_\_\_\_ Calculator

\_\_\_\_\_ Dictionary

\_\_\_\_\_ Other

\_\_\_\_\_ Nothing Can Be Used

The completed test will be sent to the department unless otherwise specified. See Below:

\_\_\_\_\_ Delivered to Professors' Mailbox.

\_\_\_\_\_ Picked up at the \_\_\_\_\_ office.

**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