St. George Campus

TESTING ACCOMMODATIONS REQUEST FORM

Office Hours: Monday - 9:00 AM – 12:00 PM and Thursday – 1:00 PM 5:00 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 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 _________
St. George Campus

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Office Hours: Monday- 9:00 AM – 12:00 PM and Thursday- 1:00 PM – 5:00 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? ______________________

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