

Academic Exam Accommodation Request Form

Instructions: Please complete this form to request exam accommodations. Print the completed form and submit it to the Accessibility Services Office at least seven (7) days prior to the scheduled exam.

Student Information

Student Full Name:

Student ID Number:

Email Address:

Phone Number:

Course & Exam Details

Course Name and Code (e.g., MATH 101):

Instructor Name:

Scheduled Date of Exam:

Regular Class Exam Time:

Requested Accommodations

Please specify the approved accommodations you are requesting for this specific exam:

Extended Time (e.g., 1.5x, 2.0x, or "None"):

Testing Environment (e.g., Distraction-Reduced Room, Private Room, or "None"):

Assistive Technology or Tools (e.g., Screen Reader, Computer for Typing, Magnifier):

Other Approved Accommodations:

Signatures and Authorization

By signing below, the student acknowledges that the information provided is accurate and requests the testing accommodations specified above.

Student Signature (Please write/sign after printing):

Date:

Office Use Only

Received By (Staff Name):

Date Received:

Request Status (Approved / Pending / Denied):