



TESTING ACCOMMODATION REQUEST FORM

*This form must be filled out in its entirety and submitted one week in advance.
Incomplete forms will not be accepted.*

TO BE COMPLETED BY STUDENT

Student Name: _____ Email: _____

Phone (Campus/Home): _____ Phone (Cell): _____

School: _____

Course Title: _____ Date of Exam: _____ Time*: _____

Instructor Name: _____ Email: _____

Office Location: _____ Department Location: _____

TA Name: _____ Email: _____

Please check the accommodations you are requesting for this exam. The final determination of accommodations for this exam will be made after consultation with the instructor and in accordance with disability documentation.

? Extended Time _____ ? Computer ? Voice Recognition Software

? Smaller Proctored Environment ? Calculator ? Large Print

? Other: _____

* Although the CDR closes at 5pm, arrangements may be made for exams to be administered during the evening. All exams must conclude by 8pm.

TO BE COMPLETED BY INSTRUCTOR

For this exam, I am allowing all students to use the following:

Textbook ? Yes ? No

If yes, please indicate: _____

Class notes ? Yes ? No

Formula Sheet ? Yes ? No

Calculator ? Yes ? No

If yes, please indicate what type is permitted: _____

Other: _____

Amount of time class receives for exam: _____ Minutes
(CDR will increase accordingly)

Instructor's location and phone number during exam: _____

Please indicate your preference for receiving the completed exam:

? Instructor/TA picks up in CDR office (LS 218)

? CDR delivers to location specified below on the next business day:

? Departmental Administrative Assistant

? Instructor's Mailbox

? Instructor's Office

? Other: _____

I agree to have the CDR administer this exam for the above student on **the date and time listed above** with the appropriate accommodations and under the conditions indicated above. I am also aware that for evening exams, the start time will need to be adjusted.

Signature of Instructor

Date

CDR STAFF USE ONLY

Accommodations Approved:

? Extended Time ? Scribe ? Voice Recognition Software ? Reader ? Other: _____
? Smaller Proctored Environment ? Calculator ? Exam enlarged
? Ability to Type (Computer) - Indicate which computer: _____

Form Received:

Name: _____ Date: _____

Entered into Database:

Name: _____ Date: _____

Testing Information:

Proctor: _____

Location: _____

Exam Start Time: _____

Exam End Time: _____

Copy Information:

Exam Copied By: _____

Name: _____ Date: _____

Exam Filed By: _____

Name: _____ Date: _____

Delivery Information:

Exam Received By: _____

Print Name

Signature _____ Date/Time _____

Exam Delivered By: _____

Building/Room: _____

Please Check:

- ? Departmental Administrative Assistant
- ? Instructor's Mailbox
- ? Instructor's Office
- ? Other: _____

**Send Form To: IIT Center for Disability Resources, 3105 S. Dearborn Street - LS 252
Chicago, Illinois 60616, disabilities@iit.edu**