

# TEST ACCOMMODATION HOLD FORM

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Student ID# \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Time: Begins \_\_\_\_\_ Ends \_\_\_\_\_

Course: \_\_\_\_\_ Professor \_\_\_\_\_ Phone#: \_\_\_\_\_

## **ACCOMMODATIONS:**

*(Check all that apply)*

Extended time:

1.5X

2X

Standard

Reader

Semi Private

Computer

Alt. Format \_\_\_\_\_

Other: \_\_\_\_\_

Scribe

Private room

Computer with spell check

## **THIS IS NOT AN OFFICIAL FORM**

This form will reserve a space for the student. It does NOT replace the Test Accommodation Request Form. Students submitting this form must submit a Test Accommodation Request Form with their professor's signature no less than one full day before the scheduled date of the exams.

Student Signature : \_\_\_\_\_