

HAMLINE UNIVERSITY ACCOMMODATED TESTING REQUEST FORM

*Students: Please use a separate form for **each course** and return to West Hall, Suite 108 as soon as possible.

TO BE COMPLETED BY THE STUDENT (PLEASE PRINT):

Student Name: _____ E-Mail: _____

Phone: _____

Course Title and Number: _____

Review your class syllabus, and fill in the table below for **every exam** throughout the semester **INCLUDING** the final. Please use the back of this sheet if additional space is required:

Day of Week	Date	Time

Please note: Students must schedule their tests between 8 AM and 5 PM, except under unusual circumstances.
(Please consult Disability Resources for exceptions.)

*If you must take the test at a different time from the class due to scheduling conflicts, please provide the preferred date(s)/time(s) below:

Use back of form if more space is needed.

TO BE COMPLETED BY INSTRUCTOR

Instructor Name: _____ Instructor Email: _____

Instructor phone and/or extension: _____ Office Location: _____

Time limit given to class for exams: 60 min. 90 min. Other: _____

Time limit give to class for final exam: 60 min. 90 min. 120 min. Other: _____

Materials permitted (please circle): Textbook Notes Calculator None

Other: _____

Special Instructions: _____

Instructor will deliver test: _____ Email to disabilityservices@hamline.edu _____ Hand deliver to West Hall, Suite 108

Instructor would like completed test returned: ___ To office (location: _____)

_____ Email or _____ Instructor will pick up from West Hall, Suite 108

Instructor Signature: _____ Date: _____

HAMLIN UNIVERSITY ACCOMMODATED TESTING REQUEST FORM

*Students: Please use a separate form for **each course** and return to West Hall, Suite 108 as soon as possible.

TO BE COMPLETED BY DISABILITY RESOURCES ONLY

Approved Accommodations: Extended Time: 50% 100% Separate Testing Room
Word Processor Scribe Reader
Reduced Distraction *testing room*
Other: _____

Date Student Returned Form: _____ DR Staff Initials: _____

Testing Room #: _____ Total Time Allocated: _____

Proctor: _____

Date Administered: _____

Start Time: _____

Reminder(s): _____

Stop Time: _____

Comments:
