

## Request for Testing Accommodations

### What is this form?

The Department of Disability Services (DDS) has determined that this individual qualifies for testing accommodations under the Americans with Disabilities Act. **The student should provide you with a letter from the Disabilities Services Department** outlining the accommodations being offered. **If the student is unable to produce a letter** containing the signature of the Director of Disability Services, please refer them to 101 St. Joseph's Hall.

### Student Completes

Student Name: (Print) \_\_\_\_\_

Instructor Name: (Print) \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

Dept: \_\_\_\_\_

Days of class: M\_ T\_ W\_ T\_ F\_

Class starts: \_\_\_\_ a.m./p.m. Class ends: \_\_\_\_ a.m./p.m.

Building: \_\_\_\_\_ Room #: \_\_\_\_\_

### Exam & Quiz Dates (List one specific exam OR all exams)

\_\_\_\_\_

\_\_\_\_\_

**Sign** →

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

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Email

Please select specific instructions regarding the administration of exams in your course. **The student** will give this **completed form** to the **Learning Specialist, Anne Volk**, located in the Learning Commons of the Library.

→ This form must be given to the Learning Specialist **(5) school days** before the date of the test.  
 \*\*\*\*The exams themselves must be **received by the Learning Specialist at least 24 hours prior to exam date.**

### Faculty Completes

- Select One**  Exams are to be given at the same time as class (not evening or weekend classes)  
 Exam times are to be negotiated by the Learning Specialist and the student

**Time** Allotted to entire class for exams/quizzes: Exams: \_\_\_\_\_ Hr. \_\_\_\_\_ Min.  
 Quizzes: \_\_\_\_\_ Hr. \_\_\_\_\_ Min.

- Delivery**  Testing Mailbox in the Library Atrium  
 Testing Email Account: testingrequest@mtaloy.edu

**Other Accommodations** \_\_\_\_\_ Calculator \_\_\_\_\_ Open Book \_\_\_\_\_ Open Notes \_\_\_\_\_ Scrap Paper  
 Other: \_\_\_\_\_

**Sign** →

\_\_\_\_\_ Instructor Signature

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Email