



Disability Services Office
 Student Service Building 121 &125
 Telephone: (707) 654-1567
 mwinchell@csum.edu

Testing Accommodation Form

Deadline for Quizzes: 3 business days | Mid-Terms, Finals: 5 business days

1. STUDENT: Please complete the following information.

STUDENT'S NAME	NET ID	INSTRUCTOR'S NAME
COURSE DEPARTMENT	COURSE NUMBER	SECTION
COURSE TITLE		

2. INSTRUCTOR: Please complete the following information.

- A. Test Conditions:**
- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Calculator allowed Select one: | <input type="checkbox"/> Basic | <input type="checkbox"/> Graphing | <input type="checkbox"/> Scientific |
| <input type="checkbox"/> Calculator not allowed | <input type="checkbox"/> Closed book exam | <input type="checkbox"/> Open book exam | |
| <input type="checkbox"/> Green Book required | <input type="checkbox"/> Scantron required | <input type="checkbox"/> Short answer | |
| <input type="checkbox"/> Notes not permitted | <input type="checkbox"/> Notes permitted: _____ | | |
| <input type="checkbox"/> Software/computer/internet access required: _____ | | | |
- B. Exam Delivery:**
- Instructor will **email exam 24 hours in advance** to Disability Services
 - Instructor will **hand deliver exam 24 hours in advance** to Disability Services
- C. Exam Return:**
- Disability Services will **deliver exam** within 1 business day to department office
 - Instructor will **pick up exam** from Disability Services

3. STUDENT & INSTRUCTOR: Please complete the following information together.

Assessment is on _____ at: _____ a.m. | p.m. and the class receives _____ hours and _____ minutes.
 If this needs to be accommodated at a **different date and time**, it can be done so on the following:

INSTRUCTOR'S SIGNATURE	DATE	PHONE NUMBER	EMAIL
STUDENT'S SIGNATURE	DATE	PHONE NUMBER	EMAIL

FOR OFFICE USE

Day of the exam: _____ Actual Start time: _____ a.m. | p.m. End Time: _____ a.m. | p.m.