Testing Accommodations Request

Use the form below to request accommodations for testing. Please submit **one form per course**. If you have more than 8 exams to schedule, please submit a second form. Requests must be submitted no later than 7 days prior to the date of the exam.

Student's Name* ___________________________
Student's E-mail* ___________________________
Student's Phone ___________________________
Course Name* ___________________________
Instructor's Name* ___________________________
Instructor's E-mail ___________________________

Test Date 1: ____________ Test Date 5: ____________
Start Time: ____________ Start Time: ____________
End Time: ____________ End Time: ____________

Test Date 2: ____________ Test Date 6: ____________
Start Time: ____________ Start Time: ____________
End Time: ____________ End Time: ____________

Test Date 3: ____________ Test Date 7: ____________
Start Time: ____________ Start Time: ____________
End Time: ____________ End Time: ____________

Test Date 4: ____________ Test Date 8: ____________
Start Time: ____________ Start Time: ____________
End Time: ____________ End Time: ____________

Return completed forms to Mary Bornhorst at mbornhorst@edisonohio.edu or in student affairs, room 160.