

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*	<input type="text"/>
Student's E-mail*	<input type="text"/>
Student's Phone	<input type="text"/>
Course Name*	<input type="text"/>
Instructor's Name*	<input type="text"/>
Instructor's E-mail	<input type="text"/>

Test Date 1: _____
Start Time: _____
End Time: _____

Test Date 5: _____
Start Time: _____
End Time: _____

Test Date 2: _____
Start Time: _____
End Time: _____

Test Date 6: _____
Start Time: _____
End Time: _____

Test Date 3: _____
Start Time: _____
End Time: _____

Test Date 7: _____
Start Time: _____
End Time: _____

Test Date 4: _____
Start Time: _____
End Time: _____

Test Date 8: _____
Start Time: _____
End Time: _____

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