



Testing Accommodation Form

NO tests will be given at SDS without a form and at least a 24 HOUR NOTICE. Scantrons are not provided by SDS.

***Completed by student (print all information):**

Student Name: _____ Phone: _____ BUFF ID: _____

Abbreviated Course name & number: _____ Semester/Year _____
(Example: Biology 1411 would be abbreviated as BIOL 1411)

Professor (First and Last Name): _____

Accommodations for this exam: _____

If you are unable to take the test at the same time the class is scheduled, please indicate the reason:

I understand that if I do not notify SDS at least 24 HOURS before the test date, I will be required to take the test in the classroom without accommodations.

Student's signature: _____ Date: _____

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected by this form.

Phones or smart watches **are not allowed** under any circumstances while testing in our rooms. If we suspect that a student is using a phone or any other unapproved document/device during testing, we will immediately collect the test and the device and contact the professor for further action.

***Completed by instructor:**

On this date _____, test will be taken at: Time: _____ to _____ SDS will calculate additional time.

The test will be: Delivered to SDS Emailed to SDS (sds@wtamu.edu)

Open Book Calculator Notes None Other: _____

Contact phone number: _____

Completed exam should be:

HELD FOR PICK UP SCANNED & EMAILED

DELIVERED TO OFFICE LOCATION: _____

I understand the above named student will receive accommodations on the test to be administered.

Instructor's signature: _____ Date: _____

Thank you for working with our office!