



Hampton University
Office of Compliance and Disability Services

Please complete form, attach to test materials, and deliver to the Student Success Center

Testing Accommodation Request Form

Instructor _____

Course Title and Section Number _____

Test Title _____

Student's Name _____ Student ID # _____

First date/time test is available _____

Last date/time the test is available _____

*Time Limit _____

*** Include only the raw length of time the student has to complete the test, the proctor will add the extended time based on accommodations if applicable.**

To better serve students and ensure the integrity of your test please provide the Office of Compliance and Disability Services with specific instructions to administer the test. Please check all that apply.

| | | | | | |
|--------------------------|---------------------|--------------------------|----------------|--------------------------|-------------|
| <input type="checkbox"/> | Open Book | <input type="checkbox"/> | Lined Paper | <input type="checkbox"/> | Chart/Table |
| <input type="checkbox"/> | Open Notes | <input type="checkbox"/> | Periodic Table | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Calculator | <input type="checkbox"/> | Scantron Sheet | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Graphing Calculator | <input type="checkbox"/> | Formula Sheet | <input type="checkbox"/> | Other _____ |

Additional Information:

Instructor Signature _____

Contact Number _____

Date test will be picked up from Student Success Center _____

Testing Staff Use Only _____

Additional Time: _____ Begin Time: _____ End time: _____