



# HARRISBURG AREA COMMUNITY COLLEGE

Office for Disability Services, Harrisburg Campus

Student Testing Accommodation Request

## 3 School Days' Notice Required (Not including the day of the test)

Dear Student: complete only the top half below and give this form to ODS staff for processing.

**DO NOT GIVE THIS FORM TO YOUR PROFESSOR**

Today's Date: \_\_\_\_\_ HACC ID #: H \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_@hawkmail.hacc.edu

Course Title & Number: \_\_\_\_\_ Instructor: \_\_\_\_\_

(Use abbreviation, for example, MATH 103, ENGL 101, CIS 105)

Regular In-Class Exam Date/Time: \_\_\_\_\_ **Mon Tues Wed Thurs Fri Sat**

Your Requested Exam Date: \_\_\_\_\_  Mon  Tues  Wed  Thurs  Fri  Sat

Exact time you will report for the test: \_\_\_\_\_ (Test should be taken at class start time unless special permission was granted by your instructor due to back-to-back classes.)

Accommodations needed for this test (please select):  Limited Distractions  Extended Time  Enlarged  
 Computer  Reader  Calculator  Scribe  CCTV  Oral Proctor  Other: \_\_\_\_\_

Have you received approval from your instructor to take this exam through Disability Services and notified the instructor of the time and location (in C-133) of your test? If no, why not?

yes  no, because \_\_\_\_\_

### Dear Instructor:

Your student made an appointment to test with Disability Services in Cooper Room 133 (Questions - call Carole Kerper at Ext. 21-2614). Please: (1) complete the instructor box below

(2) attach this request form to the test

(3) use an inter-office envelope to deliver/send the test to C-133, email to [specserv@hacc.edu](mailto:specserv@hacc.edu) or Fax to (717) 780-1165

*If possible, please provide the exam the day before the test date. Thank you.*

### **INSTRUCTOR ONLY - without completion student WILL NOT BE PERMITTED to take the exam**

Regular time allowed for test: \_\_\_\_\_ minutes (\*\*Please note: Regular time allowed as noted on this line will be doubled for students qualifying for extended time on exams.)

Check items that apply to the test:  Notes allowed  Open Book  Calculator allowed

Test materials/scratch paper returned Use provided  blue or  green scantron  Write directly on test

Other/Special Instructions: \_\_\_\_\_

If an alternate test time is requested due to class conflict, is the student permitted to take the exam at the time requested? Yes  No

\*\*\*\*\*ODS Test Proctor Use Only\*\*\*\*\*

ST: \_\_\_\_\_ FT: \_\_\_\_\_ AC: \_\_\_\_\_

Proctor: \_\_\_\_\_ Instructor's Phone: \_\_\_\_\_ Office #: \_\_\_\_\_