



HARRISBURG AREA COMMUNITY COLLEGE

Office for Disability Services ♦ Student Testing Accommodation Request

Students complete top half only, make an appointment with Elisa Cohen in W-123 (phone:780-3203), and then deliver test request to their instructor.

Today's Date: _____ (3 school days notice required – Not including the day of the test)

Student's Name: _____ HACC ID #: _____

Student's Phone Number: _____ E-mail address: _____

Course Title & Number: _____ Instructor: _____

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

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: _____ *(Begin test at class start time unless special permission was granted by your instructor due to back-back classes.)*

Accommodations needed for this test (please select): **Limited Distractions** **Extended Time** **Enlarged**

Computer **Reader (Kurzweil)** **Calculator** **Other:** _____

IPUVTWEVQT'OPNJ ""(Y kj qw'eqo r igvqp'lwf gpv'Y KNN'PQV'DG'RGTO KVVGF 'vq'vcng'vj g'gzco 0)

The student named above has made arrangements to take a test in the **VguwEgpvgt *Y 33: +**. Please fill in **IPUVTWEVQT''dqz'dgmy .'cwcej 'vj ku'ht o 'vq'vj g'vgu.'epf 'wug'ep'lpvgt/qhleg'gpxgnr g'vq'f grkxgt lgpf '' vj g'vgu/vq'Y /33: 0'**, **Kilwaf gpv'j cu'tgs wguwf 'Mwt | y gklt gcf gt 'cdqgx+ 'f rncug'lgpf 'ep'grgevt qple'xgt ukqp'qhl' vj g'vgu/vq'empgrgt B j ceeQf w.'vq'vj g'vgu'ep'dg'r't qeguuf 'hqt 't gcf lpi 'lqhy ct g0**
***If possible, provide the exam the day before the requested test date.*

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

Date: _____ Instructor: _____ Office: _____ Phone: _____ Cell: _____

Regular time allowed for test: _____ **(*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

Write directly on test Use provided blue or green scantron

Other/Special Instructions (if any): _____

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

******* Test Proctor Use Only*******

ST: _____ **FT:** _____ **AC:** _____

Proctor: _____