



RESCHEDULE OR ADDITIONAL TEST FORM

STUDENT: *This form must be completed and signed by your Professor before submitting it to the Disability Resource Center Test Accommodations Office. This form is to be received at least THREE (3) business days prior to additional or rescheduled test and test time. (TWO WEEKS NOTICE is required during finals.) Please be aware that the provision of testing services is dependent upon space and staff availability. Failure to follow the DRC procedures may result in delays in or denial of testing services.*

Student name: _____ Course Name/Number: _____
 Student E-mail: _____
 Student Phone #: _____ Professor: _____
 Specialist: _____ Professor Phone #: _____

ADDITIONAL TEST DATE & TIME:

<u>Test Date</u>	<u>Time Class is Allotted for Test</u>	<u>Start Time</u>	<u>Extended Time Accommodation (none, time and 1/2, double)</u>
_____	_____	_____	_____
_____	_____	_____	_____

RESCHEDULED TEST DATE & TIME:

<u>Original Test Date</u>	<u>New Test Date</u>	<u>Time Class is Allotted for Test</u>	<u>Start Time of New Test</u>	<u>Extended Time Accommodation (None, time and 1/2, double)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REASON FOR REQUEST:

- Professor initiated, explain _____
- Medical, explain _____
- Disability-related, explain _____
- TBA - not previously scheduled

PROFESSOR'S SIGNATURE: _____ Date and Time: _____

If you have any questions, please contact the Disability Resource Center Test Accommodations Office at 542-8719. Return this form directly to the Disability Testing Specialist, Clark Howell Hall, Rm. 205 between the hours of 8:00am - 3:00pm