

CALIFORNIA STATE UNIVERSITY, STANISLAUS
801 West Monte Vista Avenue, Turlock California 95382

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS

EPT/ELM

Please Print Name _____

Test (circle one): EPT Only ELM only EPT/ELM combined

Test Date: _____

I am registered with Disability Resource Services at CSU Stanislaus and have been approved for the following exam conditions.

Test Accommodations - In the area below, please mark the approved accommodations that you would like to request for this test. These accommodations are intended to allow you to better demonstrate your knowledge of material. *If you do not request (mark) an accommodation, it will NOT be provided for this test.*

_____ Extra time on exams. _____ 1 1/2 _____ 2

_____ Reduced distraction environment for tests.

_____ Special equipment: Computer (EPT only)

_____ Assistance in completing scantron or answer sheet.

_____ Use of a reader to read exam items.

_____ Use of a writer during exam.

_____ Other _____

Please attach this form, your class schedule, and your test fee to your test registration form. A Saturday test administration may not be possible, so please indicate all times that you would be available to test on the Wednesday, Thursday, and Friday prior to the regular test date. You will be notified in writing, of your actual testing date. If you have not received reporting information one week before the actual test date, please contact the Testing Office at the number listed on your *testing* registration form (do not contact Disability Resource Services about your testing date and time).

In order to assure that you are registered for the test on time, we recommend that you submit your forms to Disability Resource Services for approval at least five working days in advance of the test registration deadline. Incomplete or late applications will not be accepted.

Student Signature _____ Date _____