CALIFORNIA STATE UNIVERSITY, STANISLAUS

ONE UNIVERSITY CIRCLE, TURLOCK, CA 95382

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS FOR EPT/ELM

Please Print Name_____

Last Name First Name

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

Test Date: _____

I am requesting the following accommodations from the 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 have been approved for previously) that you would like to request for this test. These accommodations are intended to allow you to better demonstrate your knowledge of material. NOTE: All accommodations requested may not be granted, however, if you do not request (mark) an accommodation that you have previously been approved for, 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 answer sheet.

_____Use of a reader to read exam items.

_____Use of a writer during exam.

_____Other_____

This form must be submitted to the University according to the instructions you have been given, at least FIVE (5) working days in advance of the test registration deadline (which is approximately two weeks prior to the test). Accommodations cannot be guaranteed if you wait until the day of the deadline to register and request accommodations.

Your test date will be arranged separately from the regular test administration and may or may not be on the actual test date. Once approved (or denied) you will be contacted for arrangements.

STUDENT SIGNATURE: _____