Office of Disability Services

Test Appointment Request Form

*To schedule a test appointment, please fill out the form below in its entirety and return to the Office of Disability Services a **minimum of one week** before the test date*

Your Information

Full Name: **Date:**

Email: **Cell:**

Course Information

Course Name: **Day/Time:**

Professor:

Test Information

Date/time of **actual** test: **Date:** **Time:**

Date/time **requesting** to take test*****: **Date:** **Time:**

**If the date/time is different from the actual, please have your professor sign below approving the alternate date/time.*

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I approve that this student may take his/her test on the alternate date/time listed above.