



Hampton University
Office of Compliance and Disability Services

Assessment Center, Armstrong-Slater Bldg., 1st floor • 757-727-5493 • disabilityservices@hamptonu.edu • www.hamptonu.edu/compliance/

Testing Accommodation Request Form

Instructor _____

Course Title and Section Number _____

Test Title _____

Student's Name _____ Student ID # _____

First Date test is available _____

Last date the test is available _____

To better serve students and ensure the integrity of your test please provide the Office of Compliance and Disability Services with specific instructions to administer the test. Please check all that apply.

* Include only the raw length of time of the test do not add the student's extended time if applicable.

<input type="checkbox"/>	Open Book	<input type="checkbox"/>	Lined Paper	<input type="checkbox"/>	Formula Sheet
<input type="checkbox"/>	Open Notes	<input type="checkbox"/>	*Time Limit _____	<input type="checkbox"/>	Chart/Table
<input type="checkbox"/>	Calculator	<input type="checkbox"/>	Periodic Table	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Graphing Calculator	<input type="checkbox"/>	Scantron Sheet	<input type="checkbox"/>	

Additional Information:

Instructor Signature _____

Contact Number _____

I will pick up test

Leave the test in my mailbox located _____