Hampton University
Office of Compliance and Disability Services

Please complete form, attach to test materials, and deliver to the Student Success Center

**Testing Accommodation Request Form**

Instructor ________________________________________________________

Course Title and Section Number __________________________________________

Test Title ____________________________________________________________

Student’s Name ___________________________ Student ID # __________________

First date/time test is available _________________________________________

Last date/time the test is available _________________________________________

*Time Limit ______________

* Include only the raw length of time the student has to complete the test, the proctor will add the extended time based on accommodations if applicable.

<table>
<thead>
<tr>
<th>Open Book</th>
<th>Lined Paper</th>
<th>Chart/Table</th>
</tr>
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</table>
| Open Notes| Periodic Table| Other_________
| Calculator| Scantron Sheet | Other_________
| Graphing Calculator| Formula Sheet | Other_________

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.

Additional Information:

Instructor Signature____________________________________________________

Contact Number ______________________________________________________

Date test will be picked up from Student Success Center _______________

________________________________________ Testing Staff Use Only

Additional Time:______ Begin Time:______ End time:______