

Hampton University
The Office of the Director of Compliance and Disability Services
212 Wigwam Building
757-727-5493

Testing Accommodation Request Form

Instructor _____

Course Title and Section Number _____

Test Title _____

Student's Name _____ ID# _____

Today's Date _____

First date the test will be available to the student _____

Last date the test will be available to the student _____

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

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

Additional Information

Instructor's Signature _____

Contact Number _____

- I will pick up the test.
 Leave the test in my mailbox