

## TEST ACCOMMODATION REQUEST FORM

### TESTING SERVICES CENTER (TSC)

Administration Building 228

t. 410-704-2304 f. 410-704-4699

e-mail: [dsstesting@towson.edu](mailto:dsstesting@towson.edu)

Hours: Mon.-Thurs. 8:00-5:30; Fri. 8:00-1:30

**THIS FORM MUST ACCOMPANY TEST**

#### **Section I: To be Completed by Student:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Requested Test Date and Time (within TSC hours above): \_\_\_\_\_

***All testing is by appointment. Call or e-mail at least 24 hours in advance to schedule an appointment.***

#### **Section II: To be Completed by Instructor:**

Name: \_\_\_\_\_

Department Name: \_\_\_\_\_ Location (building & room #): \_\_\_\_\_

Phone (where we can reach you during test time): \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Do you approve the **Test Date and Time** requested by student above?

Yes \_\_\_\_\_ No\* \_\_\_\_\_ \*Specify approved Test Date and Time: \_\_\_\_\_

2. Specify allowed **Test Materials** (i.e., calculator\*, open book, class notes, etc.): \_\_\_\_\_  
\_\_\_\_\_ \*If calculator allowed, specify type: \_\_\_\_\_

3. Specify **STANDARD\*\* Amount of Time** allowed for in-class testing:

( ) 50 minutes ( ) 75 minutes ( ) 150 minutes ( ) Other: \_\_\_\_\_

**\*\*Extended time for students eligible for this accommodation will be calculated by TSC.**

Comments: \_\_\_\_\_

#### **Section III: To be Completed by Testing Services Center:**

Test Arrival Date: \_\_\_\_\_ Test Received By: \_\_\_\_\_

Comments: \_\_\_\_\_

Dept. Signature Confirming Test Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Test Delivered By: \_\_\_\_\_

***The Testing Services Center adheres to the Towson University Academic Integrity Policy.***