

Disability Support Services <u>Test Accommodations Request Form</u>

CAMPUS : □La Plata □Prince Frederick □Leonardtown □Waldorf □ Hughesville □ Other:		
Student Name:		Date:
Telephone:	ne: Email:	
Semester: Course Title:		
Professor:		
	Scheduled Date of Quiz/E	
Date	Start Time	End Time
	Accommodations:	
Extended Time: Time and a half Double time		
□Scribe: □Proctor:		
Assistive Technology: □Word Q3 □ Dragon □Kurzweil □Other:		
 to take a test proctored outs Students must schedule a of exam/quiz date. Subm Only items approved by the items is the student's responsibilities. 	ide of the testing site. time to take exams/quiz ission of this form does not g instructor will be allowed in t lity to remind professors to s time. Per DSS policy, exams center hours of operation.	submit tests to the testing center s/quizzes can be taken only during
Student Signature:		Date: