

## REQUEST FOR ALTERNATIVE TESTING

**PLEASE NOTE: This form must be turned into the Student Accessibility Services Office a minimum of THREE business days prior to the test date. Any form turned in less than three business days prior to the test date may be refused and the test will need to be taken in class. It is the student's responsibility to deliver the form to the SAS Office.**

**Student Please Indicate:**

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

Class (example: ACCT 291): \_\_\_\_\_

Professor's Name: \_\_\_\_\_

\_\_\_\_\_ Need extended time/quiet room

\_\_\_\_\_ Need to have test read

\_\_\_\_\_ Scribe

\_\_\_\_\_ Need to use computer

**Professor Please Indicate:** *date and time the student will take test*

Date test will be taken: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Test will be delivered to the SAS Office

\_\_\_\_\_ Test may be picked up by SAS staff Bldg /Room # \_\_\_\_\_ Date \_\_\_\_\_

Which time is better for pick-up? \_\_\_\_\_ 10:00 a.m.

\_\_\_\_\_ 2:00 p.m.

*(Test can also be emailed to the SAS Office Manager, [jdeckhoff@stcloudstate.edu](mailto:jdeckhoff@stcloudstate.edu))*

**Amount of time class allowed for test** \_\_\_\_\_

Please list any assistive materials or equipment the student is allowed to use during the testing: (e.g. calculator, note-cards, open book, etc...) \_\_\_\_\_

**If the test requires a computerized answer form, please include this with the test when it is picked up or delivered.**

**PROFESSOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This student has a verified need for alternative testing. If you have any questions please call the Student Accessibility Services Office at 308-4080.

Completed tests will be returned to the main department office as soon as possible after the test is completed.