

REQUEST FOR TESTING ACCOMMODATIONS TO BE COMPLETED BY STUDENT

Students are responsible for ensuring that this form is completely filled out and returned to the Disability Support Office at least 3 weekdays prior to scheduled testing. No late forms will be accepted without the Testing Specialist's approval.

GRCC's Disability Support Services Office maintains a high standard for academic and personal honesty when receiving testing accommodations. If a student is caught cheating, the test, notes, and any unauthorized materials will be given to the instructor.

****Please be advised, you will be monitored and/or recorded while in testing rooms.****

Students: Please remember that it is YOUR responsibility to remind your instructor of your test date & time. This will ensure that your test is delivered on time.

Student's Name _____

Student's ID# _____

Student's Phone # _____

When should we expect you?

DATE OF TEST: _____

TIME: _____

(Time you will actually be arriving for your test)

SUBJECT & TEST#: _____

INSTRUCTOR'S NAME: _____

COUNSELOR: _____

**Note: To schedule a Lab test,
please contact the Testing
Specialist directly at 234-
3597.**

Will use of a computer be required? _____

Yes or No

(If so, please mark the program you will use)

Lockdown Browser (Blackboard)

Natural Reader

Math Talk

Blackboard

Magic

Jaws

WYNN

Inspiration

Dragon

Other (Please specify) _____

**If you are completing this form electronically, please save a copy to your computer, then
attach it to an email addressed to: dss@grcc.edu**

**If you are completing this form by hand, please return to Academic Testing Services,
room 325 SCC.**