



# TEST ACCOMMODATION REQUEST FORM

**Accessibility Services**

Phone: 416.226.6620 ext. 2189

or 1.877.TYNDALE Fax: 416.619.1203

3377 Bayview Ave., Toronto, ON, M2M 3S4

Please complete this form if you are a student registered with Accessibility Services and require accommodations for tests or examinations. Please list the specific accommodations you require for EACH quiz/midterm. These accommodations will be reviewed by the Accessibility Services Office and must be based on accommodation your approved accommodation plan. **This form must be received by Accessibility Services two-weeks before the test date. Failure to do so may result in the forfeit of accommodations for the requested test.**

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

Student ID: \_\_\_\_\_

Tyndale Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

### PLEASE BE AS SPECIFIC AS POSSIBLE IN THE CHART BELOW

COURSE CODE	COURSE NAME	PROFESSOR'S NAME	DATE	TIME AND TEST LENGTH	PRE-APPROVED ACCOMMODATIONS: <i>e.g. Extended time(1.5 times), use of a laptop, separate space</i>
<i>e.g. ENGL 1013</i>	<i>Intro to Lit I</i>	<i>Professor Masson</i>	<i>Feb. 12</i>	<i>8:15am, 1 hour</i>	<i>Extended time, laptop</i>
<i>e.g. PSYC 1013</i>	<i>Intro to Psyc</i>	<i>Professor Azarbehi</i>	<i>Feb. 24</i>	<i>12:45pm, 2 hours</i>	<i>Extended time</i>
1)					
2)					
3)					
4)					
5)					

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please submit this form to the Accessibility Specialist. The date and time arranged by the Accessibility Services Office will be considered your official exam date and time.*

OFFICE USE ONLY	
Date Received:	Received by: