



# Disability Services Office Make-Up Test Request Form

One week advance notice is required for arranging accommodations for a make-up test date.

## STUDENT INFORMATION

First Name		Last Name		Banner ID Number
Home Phone Number	Cell Phone Number		Email Address	

## TEST INFORMATION

Course Title		Instructor Name		
Date of Test	Time	Day of Week		
Date of Make-Up Test	Time	Day of Week		

## SERVICES NEEDED

Please complete all that apply.

Access to computer and printer (please describe):

Other (please describe):

Has your instructor approved of this alternate exam time and are they aware that the exam needs to be dropped off one day prior to the exam date?

Yes    No

## COMPLETED BY

Student Signature	Date
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