

Manchester Community College

Services For Students With Disabilities Testing Adjustment Request Form

Office Use Only

Rec'd ___ - ___ - ___

SSCont.

****One Week Advance Notice Required!****

Your Name: _____ BANNER ID @ _____

Daytime Phone#: _____ Cell Phone#: _____

Today's Date: _____ Email Address: _____

Date of Test: _____ Time: _____ Day of the Week: _____

Course _____

Instructor _____

Service Needed (Please check):

_____ READER FOR TEST or CLASS MATERIAL

_____ SCRIBE FOR TEST

_____ DISTRACTION REDUCED ROOM

_____ ADDITIONAL TIME

_____ ACCESS TO COMPUTER AND PRINTER

_____ ENLARGED PRINT COPIES

_____ KURZWEIL

_____ DRAGONSPEAK

_____ TAPE RECORDER

_____ CALCULATOR

HAVE YOU NOTIFIED YOUR INSTRUCTOR
THAT THIS EXAM NEEDS TO BE DROPPED
OFF ONE DAY PRIOR TO THE EXAM DATE? YES _____ NO _____