

APPLICANT SPECIAL ACCOMMODATIONS REQUEST FORM

SECTION I

Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Date of Birth: _____/_____/_____

SECTION II- INFORMATION REGARDING YOUR DISABILITY AND REQUESTED ACCOMMODATIONS

Please explain or describe the type of disability you have? Please indicate the specific diagnosis.

Who diagnosed your disability? Attach documentation indicating that person's credentials (e.g. M.D. /Ph.D.)

When was your disability first diagnosed?

How does your disability limit your ability to perform on this examination?

What accommodations have you received for taking examinations in the past?

What accommodations are you requesting during the examination?

Time and a half Double Time Paper and Pencil Exam
 Reader Separate Room Person to Enter Answers
 Zoom Text Screen Magnifier

What accommodations have you received in the past for the following exams as applicable?

High School Exam

Undergraduate Exams

Graduate Exams

Doctoral Exams

Comprehensive Exams (e.g., SAT, GRE, etc.)

SECTION III – CANDIDATE AFFIRMATION

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability, the impact it has on my daily life and my ability to take computerized examinations.

Applicant Signature

Date