



Department for Disability Support Services
Division of Academic and Student Affairs
 East Carolina University
 Slay 138 • Greenville, NC 27858-4353
 252-737-1016 voice/TDD 252-737-1025 fax dssdept@ecu.edu email

Alternative Test Request Form

*Completed forms must be received by DSS at least 48 business hours prior to the scheduled exam.
Incomplete or late forms will NOT be processed.*

Directions: Student must complete this form with assistance from the instructor as needed.

Student Name: _____ Phone #: _____

Instructor Name: _____ Phone #: _____

Course Name, Number, & Section: _____

Day & Date of Exam: Mon Tues Wed Thurs Fri _____ (mm/dd/year)

Exam Start Time: _____ Amount of time class receives to take exam: _____

Material(s) student can use to take this exam: Check all that apply.

Bubble Sheet Blue Book Textbook Class Notes Calculator Scrap paper

Other: _____

Accommodations to be used for this exam: Check all that apply.

Extended time (double time the class receives to take this exam) Low distraction

Reader Scribe Bubbling Computer Calculator Enlarged print (font size _____)

Other: _____

I understand that the information above is complete and accurate. Students unable to take the exam at the time specified on this form must obtain permission from the instructor to reschedule the exam. Instructors will be contacted to verify this information and to obtain the exam.

Student Signature

Date

Revised 7/09

Office Use Only:

Entered: _____ Emailed: _____ Reader/Scribe: _____ Start: _____ End: _____

Return Exam: _____