

**Student Name:** \_\_\_\_\_

**Student Star ID:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Purpose:** Fill out the top half and give this form to your instructor *several days* before the date of the exam you are requesting accommodation for. Then remember to make an appointment with the Testing Center.

**Please check *only accommodations* that have been approved by Access Services.**

- |   |  |
|---|--|
| <input type="checkbox"/> 1.5x Extended Testing Time         | <input type="checkbox"/> Scribe  |
| <input type="checkbox"/> 2x Extended Testing Time           | <input type="checkbox"/> Audio/Screen reader                             |
| <input type="checkbox"/> Testing Center                     | (Use of Natural Reader)  |
| <input type="checkbox"/> Private Room (if available)        | <input type="checkbox"/> Other <a href="#">Click here to enter text.</a> |
| <input type="checkbox"/> Access Services (schedule with AS) |  |

I agree that it is my responsibility to take the test within the deadline date and time as agreed upon with my instructor.

X

\_\_\_\_\_  
Student Signature



The bottom half is for you (the student) to keep. Ask your instructor these questions and coordinate with Testing Center or Access Services.

**Test deadline (time and date):** \_\_\_\_\_

**On the day of the exam, will there be classroom lecture or activities?**  Yes or  No

If yes, when should student plan to be in class: \_\_\_\_\_

**Any other important information:** \_\_\_\_\_

X

\_\_\_\_\_  
Instructors Signature

## Additional Information:

- Student: Before using this form, you need to:
  1. Have an active file with Access Services Office
  2. Have submitted a Request for Service to Access Services for the current semester.
  
- Please use this form to communicate with your instructor before *each* exam (unless your instructor prefers a different method of communication.)
  
- Obtain the exam deadline date/time and any relevant classroom information for the day of the exam to ensure you schedule accordingly.
  
- Testing must occur within the instructor's pre-approved allowed time frame.
  
- If requesting a private testing room or use of a screen reader, students must schedule in advance with the Testing Center.
  - Contact information:
    - Testing Center: (763) 424-0928 or [TestingCetner@nhcc.edu](mailto:TestingCetner@nhcc.edu)
    - Holly O'Donnell: (763) 488- 0246 or [HODonnell@nhcc.edu](mailto:HODonnell@nhcc.edu)
    - Kidist Worku: (763) 424-0727 or [KWorku@nhcc.edu](mailto:KWorku@nhcc.edu)
  
- If only using extended time, it is not necessary to make an appointment with the Testing Center in advance, if the time falls within regular business hours.
  - Monday/Thursday/Friday 9:00am-4:00pm
  - Tuesday 9:00am-6:30pm
  - Wednesday 2:00pm-6:30pm
  
- If the Testing Center cannot accommodate you, please make arrangements with Access Services
  - Jessica Neumann (763) 424-0748 of [JNeumann@nhcc.edu](mailto:JNeumann@nhcc.edu)
  - Tom Lynch (763) 493-0556 or [TLynch@nhcc.edu](mailto:TLynch@nhcc.edu)