SAN DIEGO STATE UNIVERSITY • STUDENT DISABILITY SERVICES

Phone: (760) 768-5637, sdsuivdisabledservices@sdsu.edu Fax: (760) 768-5589

**RESERVATION FOR TESTING ACCOMMODATIONS**

**THIS FORM IS DUE IN SDS ONE WEEK BEFORE THE TEST (TWO WEEKS PRIOE TO FINAL EXAMS)**

 Student's Name Student ID Number Phone Number

CLASS INFO**:** Class: Location: Meets:

 (i.e. Psy 101) Bldg./Room Days Beg./End Time

PROF INFO: Name: Email: Extension:

**TO BE COMPLETED BY PROFESSOR (complete instructions on back):**

**Test Date Approved:** **Day of Week**: **Approved Start Time**:

**Amount of time you are allowing your CLASS for this test:** hrs. min.

**Type of Test (circle):** Mult. Choice T/F Fill-In Short Answer Essay Other

**Please indicate (circle) any materials that may be used in the testing situation**:

 Book(s) Dictionary Paper(s) Formula(s) Calculator Spellchecker N O N E
 Notes (note # of pages and size) Other (write-in)

**\*Will test be (circle one):** Emailed Faxed In Dept. by Delivered to SDS Brought by student

 to SDS to SDS 2:00p day before by professor in sealed envelope

**Additional test administration instructions:**

**\*Tests should be returned (circle one):** To Dept. by proctor To by student Held in SDS for Prof.

 (note location)

\*Detailed instructions on back of form.

**I VERIFY THAT THE ABOVE INFORMATION IS CORRECT.**

###  Professor's Signature Date

**FOR SDS OFFICE USE:**

Test Desk : Pick-up / Proctor:

Meeting Time: Meeting Location: Whlchr Test Room: Timer #:

Exact time allowed SDS student: hrs. min. Approximate time:

Accommodations: 1 ½ Time 2X Reader Writer SQR Computer CCTV/Vtek Enlgmt Breaks

Special Instructions:

RTA SUBMITTED: Date A.M. P.M. Confirmed: \_\_\_Yes \_\_\_No By (initials):