ACCOMMODATED TESTING CENTER
STUDENT TESTING RESERVATION FORM

Please complete this form in its entirety. Any omission will result in a delay in scheduling your exam.

Student Name: _____________________________     Today’s Date____________
TU ID#____________________ email: ______________ cell #________________

Date and Time you are available to take exam (INCLUDE TIME FOR ACCOMMODATION):

Please note: Exams will be scheduled beginning at 8:30 a.m. and end by 4:30 p.m. Be sure your start time allows for your extended time accommodation to end by 4:30.

First choice of date and time you are available to start test: ______________

Second Choice: ______________________

Third Choice: ______________________

Course Title: ____________________ Course Number and Section: _____________

Professor Name: _______________________________________________________

When and at what time does this class meet? ________________________________

Accommodation (check all that apply):

☐ Extra time (50%)
☐ Extra time (100%)
☐ Reduced distraction environment
☐ Use of laptop
☐ Other __________________________

Date class takes exam: ______________________