

TESTING ACCOMMODATION REQUEST (TAR) FORM

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P X V W F K H G X O H W K H H [D P D W W K H V D P H ' D \ 7 D A Y S I N A D V A N C E
Final exams P X V W F K H G X O H W K H H [D P D W W K H V D P H ' D \ 1 2 9 (0 % (5 , 2 0 2 .

TO BE COMPLETED BY STUDENT:

6 W X G H Q W ' \ _____ & & 6) , _____
& R Q W D F W 3 _____ (P D L O _____
, Q V W U X F W R _____ & R X U V _____

- * I authorize DSPS staff members to discuss issues related to the accommodation(s) requested with my instructor.
- * I have read the provided test guidelines (on the back of this form) and acknowledge my understanding of them.

6 W X G H Q W ' \ _____ ' D W _____

TO BE COMPLETED BY INSTRUCTOR:

, Q V W U X F W I _____ (P D L O 3 _____
([D P ' D V _____ ([D P 7 L _____ / H Q J W K R I & O D V _____

Scheduling Options: (Please see test proctoring hours above.)

- 6 D P H ' D W H 6 M P X H G H Q W 0 8 6 7 V F K H G X O H W K H H [D P D W W K H V D P H ' D \
- 6 D P H ' D W W X G H Q W P D \ W D N H H [D P D Q \ W L P H R Q W K H V D P H G D \ D V W K H
- ' L I I H U H Q W ' D W W X G H Q W P D \ W D N H H [D P R Q D G D Q G U H Q W H G D W H
(To be worked out between instructor and student)

Materials allowed for the exam:

(All approved notes and scratch paper will be returned with the exam, OR Opt-out, do not return item with exam.)

Delivery of Exam:
