

**COLUMBIA COLLEGE
DISABILITY SERVICES
REQUEST FOR TESTING ACCOMMODATIONS**

To be filled out by the student:

Student's Name		Course	
Program		Test Date	
Student ID#			

To be filled out by the facilitator:

Materials Allowed During Test	<input type="checkbox"/> Textbook	<input type="checkbox"/> Calculator	
	<input type="checkbox"/> Notes	<input type="checkbox"/> Electronic Dictionary	
	<input type="checkbox"/> Electronic Spell Checker		
	<input type="checkbox"/> Other:		
Test Time	Regular Class - Exam Start Time		Regular Class - Exam End Time

Student Signature	Date:
Faculty Signature	Date:

To Be Filled Out By Assessment Centre:

Date Received	
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Approved Accommodations	<input type="checkbox"/>	Extra Time
	<input type="checkbox"/>	Distraction Free Room
	<input type="checkbox"/>	Computer Access
	<input type="checkbox"/>	Other:
	Additional Comments:	