



Disability Services  
101 Baldwin Blvd.  
Corpus Christi, TX 78404-3897

East Campus - Harvin Center 188  
(361) 698-1298 \* Fax: (361) 698-1092

West Campus - Coleman Center 106 E  
(361) 698-1761

**Test Accommodations**

Student's Name \_\_\_\_\_ Instructor: \_\_\_\_\_

Date of Test: \_\_\_\_\_

\*Time Test Begins: \_\_\_\_\_ \*Time Test Ends: \_\_\_\_\_

**\* Please list time test begins/ends for in-class testing so DSO staff can calculate extended time**

The following are approved:

- \_\_\_ Use of calculator                      \_\_\_ Dictionary or thesaurus                      \_\_\_ Use of computer
- \_\_\_ Open book                                \_\_\_ Extended time                                      \_\_\_ Spell check (computer)
- \_\_\_ Class notes                                \_\_\_ Scratch paper                                        \_\_\_ Scantron
- \_\_\_ Assistive technology (circle one) JAWS, CCTV, KURZWEIL

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return completed exam to:

Department of: \_\_\_\_\_ Bldg.: \_\_\_\_\_ Room: \_\_\_\_\_

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FOR OFFICE USE ONLY		
Date Exam Received: _____	Date of Exam: _____	
Time: _____	Time Started: _____	Initial: _____
Log In/By: _____	Time Finished: _____	Initial: _____
Left for Delivery/Time: _____		Initial: _____