

TESTING ACCOMMODATION REQUEST (TAR) FORM

7HVW 3URFWRULQJ +RX\$V 0RQG\7XHVGD\$0V 30
:HGQHVGDI \$0 30 7KXUVGDIV \$0LGDIV3\$0 DQG 30

DEADLINES

Classroom exams/quizzes P X VE\W F K H G 7X0 DAYS IN ADVANCE
Final exams P X VE\W F K H G X 0 18 6 5 < , \$ 3 5 . / , 202 .

TO BE COMPLETED BY STUDENT:

6 W X G H Q W 1 \ _____ & & 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 1 \ _____ ' D W _____

TO BE COMPLETED BY INSTRUCTOR:

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

Scheduling Options: (Please see test proctoring hours)

_____ _____ _____ _____
 _____ _____ _____

