**AAS EXAM REQUEST FORM**

This form has to be completed and returned to Room D205 **three days prior** to the scheduled exam. If this form is not submitted to Room D205 in a reasonable time, Access-Ability Services will assume that you have opted to take the exam in your class without accommodations. If you have any questions, please speak with the testing coordinator or your counselor in the Access-Ability Services. Please see Access-Ability Services for office hours.

- [ ] Quiz
- [ ] Class Exam
- [ ] Midterm
- [ ] Final Exam
- [ ] ACT Reading
- [ ] Cat W
- [ ] Departmental
- [ ] Other

**Section A: To be completed by student**

Student Name: ___________________________  Phone: ___________________________

Email: _________________________________  Course: ________________  Section: ________

*Which of your approved testing accommodations would you like to use? (Accommodations will be verified)*

- [ ] Extended Time
- [ ] Double Time
- [ ] Reader
- [ ] Scribe
- [ ] Other: ____________________________

**Section B: To be completed by Professor**

The student named on this form has been certified by the Program Manager of Access-Ability Services to take exams with test accommodations based on documentation submitted. **Please acknowledge by signing & returning this form to student. Exams should be delivered to D-205. Exam will be returned to your department or you may pick up the exam. Please contact the Access-Ability Services for office hours. 718-368-5175**

Professor ___________________________  Class Room #: ________________  Phone #: ___________________________

Class Exam Date: ________________  Class Start Time: ________________  Exam Duration: ________________ Hours ________________ Minutes

Requested AAS Exam Date: ________________  AAS Exam Start Time: ________________

Test Delivery:

- [ ] Professor or designee will deliver exam to AAS, room D205
- [ ] Exam will be faxed to 718-368-4782
- [ ] Exam will be emailed to aas@kbcc.cuny.edu

Student Signature ___________________________  Date: ________________

Professor Signature ___________________________  Date: ________________

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* AAS - White Copy
* Student - Yellow Copy
* Professor - Pink Copy