Student Information
Name: ___________________________
Phone #: ________________________
KSU E-mail: ________________kent.edu

Course Information
Course Name & #: ____________________
Class Days/Times: ____________________
Professor’s Name: ____________________

Your Alternative Exam/Quiz Request Details
Date: _____________________________
Time: _____________________________

Location:  □ Burton  □ Twinsburg
Computer needed?  □ Yes  □ No

Accommodations Requested
□ Extra Time  □ Private Room  □ Reader  □ Scribe  □ Laptop

Additional Accommodations: ______________________________________________________

The SAS Office will try to accommodate your Alternative Testing date request. However, due to high testing demands, be aware that your request may be moved to another date/time. You will be contacted if your request cannot be accommodated. It will be your responsibility to notify your professor of this change. Please sign to show you understand that this sheet must be submitted a minimum of four (4) business days in advance to ensure adequate accommodations. Failure to adhere to SAS scheduling quiz/exam policy may result in the inability to take your exam in SAS and you are subject to the terms and conditions according to GC/RAC’s Student Accessibility Services Testing Policies.

Name: _____________________________  Date: __________________

Give this sheet to the Student Services front desk
Office information only. Students should leave the information below blank:

Entered in the Calendar  □  Possible proctors have been contacted  □  Student sent Confirmation  □
Initial: _________  Date: __________

Identified Proctor(s)/Scribe/Reader for the exam/quiz: ____________________________  Date: _______
Student & Professor contacted if original exam/quiz request has been moved: ______________  Date: _______
Test Completed  □  Initial: _________  Date: __________

2/23/2016  BEN