

Distraction-reduced or solo accommodation request

Instructions:

- Complete all fields below with your personal and examination information.
- Be sure to request any and all accommodations that you qualify for and wish to use.
- Accommodations will be arranged based solely on the form below.
 I.e., if you qualify for solo accommodations but do not check the box, you will be placed in a room with other students for your exam.
- Have your faculty sign the form below, indicating that they approve your request to take the exam at a different time/location than the regularly scheduled exam.
- Return this form, signed and completed, to one of the appropriate locations below **no later than one week prior to your scheduled exam**. Late forms will not be honored.
 - **CGS Humanities:** Cierra Thompson, CGS 307, 617-353-2876
 - **CGS Natural Sciences & Mathematics:** Karen Healy, CGS 407, 617-353-2886
 - **CGS Rhetoric:** Karen Healy, CGS 119, 617-358-2917
 - **CGS Social Sciences:** Danielle Storella, CGS 517, 617-353-2907

Student Info:

Name:	
Email Address:	Phone:
CGS Team:	BUID:

Exam Info:

Exam Date:	Exam Time:	Exam Type: <input type="checkbox"/> Team Exam <input type="checkbox"/> Midterm <input type="checkbox"/> Quiz		
Subject: <input type="checkbox"/> HU <input type="checkbox"/> NS <input type="checkbox"/> RH <input type="checkbox"/> SS		Professor:		
Availability during the week of your exam (complete availability for all days):				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Extended Time: <input type="checkbox"/> None <input type="checkbox"/> Time $\frac{1}{4}$ <input type="checkbox"/> Time $\frac{1}{2}$ <input type="checkbox"/> Time $\frac{3}{4}$ <input type="checkbox"/> Double Time				
Environment: <input type="checkbox"/> Distraction-Reduced <input type="checkbox"/> Solo		Computer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Please do not choose accommodations not included in your Accommodations Letter.

Professor's Signature: _____ Date: _____