

NORWALK COMMUNITY COLLEGE
STUDENT DISABILITY SERVICES
STUDENT'S REQUEST FOR ALTERNATE LOCATION TESTING

Important to Read: First week of class ***students must read*** the **course syllabus and outline** for their classes.

- ***Identify*** all scheduled **test dates** and ***discuss*** with instructor arrangements for extended time.
- Students must ***make alternative requests at least one week before*** the class test date.
- ***Answer all*** questions **legibly**. ***Submit*** this form to Heather Alexander or Beth Lambert in room W209j or the Reception area.
- ***Fill out*** one **“Schedule Form”** (per semester) so we have alternative times to administer the test.
- You are **not** scheduled for the test until you ***get*** the green **“ALTERNATE TEST RESERVATION FORM”** from staff in the Testing Office and you ***deliver*** the form to **your instructor**.

Today's Date: ____ / ____ / ____

Student's Full Name: _____

Phone Number: _____ email _____

Instructor's Name: _____

Name of Course: _____

Scheduled Date test (for the class) : _____

Scheduled Time (in the classroom): from _____ (am or pm) to _____ (am or pm)

Scheduled amount of time (in the classroom) (circle one):

Entire class period

half of period

a few minutes _____ (specify # minutes)

Equipment to be used* or special requests _____

*list assistive technology authorized by disability services, e.g., word processor, calculator, Kurzweil, Dragon Naturally Speaking, etc.
Contact: B. Lambert 203.857.7298 elambert@ncc.commnet.edu; or H. Alexander 203.857.6844 halexander@ncc.commnet.edu; West Campus W209

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SEE OTHER SIDE to make ALL your requests for the ENTIRE SEMESTER now, ...

TEST DATE	START TIME	END TIME	LENGTH	EQUIPMENT