**Request for Testing through Accessibility Services**

Accessibility Coordinator: Kimberly Jackson

Kimberly.Jackson@beaufortccc.edu

Building 9, Office 925, 252-940-6252

This form **must be** returned to the Accessibility Coordinator

**at least 48 hours** (2 business days) in advance of the test.

Section 1: To be completed by the student requesting to take an exam through the Accessibility Office.

Student’s Name:

Student ID#:

Phone #:

Email address:

Course: (example: MUS 110)

Instructor:

Date class will be taking test:

Time class will be taking test:

Requested Test Date:

Requested Test Time:

**All testing is by appointment;** **contact the Accessibility Services Coordinator at least 48 hours (2 business days) in advance to schedule an appointment.**

If there is a “read aloud” testing session already scheduled at the requested test date/time, your appointment may need tobe changed to provide you with a distraction-free test setting.

If

This form is to be used by individuals that have been approved for accommodations through the Accessibility Services (AS) office. If you have questions, please contact the AS Coordinator.