

**Dawson Community College Disability Support Services  
Test Request**

**Please email this form to the Vice President of Academic and Student Affairs**  
Please note: The Vice President of Academic and Student Affairs needs a minimum of three day'  
notice in order to contact the instructor to get the test, convert the test to an alternative format,  
and identify a proctor.

**Student Name:**

**Class Name:**

Number:

Section:

**Instructor's Name:**

When **Class** will take test

Date:

Time:

When **Student** will take test

Date:

Time:

**Highlight the accommodations you are requesting:**

CCTV          Computer          Enlarged text

Quiet Room    Reader          Scribe