Dawson Community College Disability Support Services
Test Request

Please email this form to: disability@dawson.edu

Please note: Disability Services needs a minimum of three business days 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