

**This form must be completed and submitted to the Project EXCEL Office  
or the Tutoring Center no later than 48 hours in advance.**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

Course Name and Number: \_\_\_\_\_

Date and time accommodation is needed: \_\_\_\_\_

**Accommodation Requested:**

\_\_\_\_ Oral Testing (accommodation through the Tutoring Center only)

\_\_\_\_ OTHER (please specify) \_\_\_\_\_

Faculty member's instructions/conditions for test accommodations:

\_\_\_\_\_  
\_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

Date Project EXCEL or Tutoring Center received test: \_\_\_\_\_ Time: \_\_\_\_\_

**EXCEL Signature:** \_\_\_\_\_

Date, place of testing accommodation: \_\_\_\_\_

Time testing started: \_\_\_\_\_ Time testing ended: \_\_\_\_\_

Proctor's Signature: \_\_\_\_\_

Proctor's Comments:

\_\_\_\_\_  
\_\_\_\_\_

***Faculty Sign below verifying you received the completed test from Project  
EXCEL or the Tutoring Center:***

Faculty signature: \_\_\_\_\_