

**TEST ACCOMMODATIONS REQUEST FORM
COUNSELING CENTER
1140 UNIVERSITY AVENUE
MONROE, LA 71209-1135
Office: (318) 342-5220 Fax: (318) 342-5228**

This form is NOT
a certification of disability.

Please complete the appropriate section of this form. Thank you.

I. Student

Name: _____ Date: _____

CWID: _____ Phone: _____

Email Address: _____

II. Faculty

Name: _____ Dept. _____

Indicate (X) the amount of time allowed for students taking test in the classroom:

50 Minutes () 75 minutes () 150 minutes () Other (_____ minutes)

Method of test delivery: fax - ext. 5228 () personal delivery () pick-up () email ()

Faculty Comments: _____

III. Counseling Center

Test Arrival Date: _____ Test Received By: _____

Counseling Center Comments: _____

IV. Test Return Confirmation

The signatures below confirm that the attached test has been returned to the faculty or department from which it originated.

Date: _____ Received by: _____

Delivered by: _____

Academic dishonesty, attempted or accomplished, in any form is unacceptable at the University of Louisiana at Monroe. If