



# KEAN

## OFFICE OF ACCESSIBILITY SERVICES

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### Testing Accommodation Form

#### **Part 1- Must be completed by the student**

Today's Date:

Student's Name:

Professor's Name:

Course:

Class time:

#### **Part 2- Must be completed by the Professor**

Last date  
testing permitted:

Class time  
allotted for test:

#### **Testing aids permitted for the entire class:**

Yes, indicate/explain below (notes, calculator etc.)

No testing aids permitted

Phone number in case OAS needs to contact you:

**\*\*\*Students will not be permitted to use aids unless indicated by Professor\*\*\***

**Additional Testing Instructions:**

**Test Return Instructions:**

**Will pick up test**

**fax or email**