



Accessibility Center for Education

Alternative Testing Request Form

Please complete all information in these boxes.

- Each exam requires a **SEPARATE** request form.
- Exams will not be scheduled without a specific date and time listed.
- Do not send this request form to the instructor. Please submit this request, preferably two weeks before the exam, to Renato Ramento by email at rramento@chabotcollege.edu.

Student Information

Name (Last, First): _____

W Number # (Chabot College Student ID number): _____

Today's Date: ____/____/____

Instructor Information

Instructor's name: _____ Telephone #: _____

Exam Information

Course name / #: _____ Exam Date : ____/____/____

Length of class: _____

Requested start-time for exam with accommodations (Note: If requested time is different than in-class time, allow an extra week for approval) : _____

Accommodations Requested

Enlarged Exam

Remote Scribe

Additional Time

Other : _____

Assistive Technology : _____

DSPS Counselor's full name: _____

Student's signature: _____

If you are an instructor and have received this form directly from a student, and the exam requires remote proctoring or a remote scribe, please contact Renato Ramento at the **Accessibility Center for Education (ACE)** at rramento@chabotcollege.edu.