Request for Test Accommodations

Test accommodation requests should be made **at least 1 week in advance of desired test date** and the request form must be completed, signed and on file in the Kilgore Testing Center **before** requests will be honored.

(Please print)
Name _______________________________ Student ID __________________________
Address __________________________________________ City __ State ______ Zip __
Phone __________________________________________ Test Date ____________ Test Time ____________

**Requested accommodations:**

**CLEP**
Accommodations must be approved through CLEP Customer Service at clep.collegeboard.org.

**GED**
Candidates must request accommodations online through GED Testing Service.

**TEAS V**
☐ Extended time (specify)________     ☐ Paper & pencil version     ☐ Frequent breaks     ☐ Other

**TSI Assessment**
☐ Separate room  ☐ Reader  ☐ Scribe  ☐ Frequent breaks  ☐ (Braille/Large Print)  ☐ Other ____________

**Other Exam** (ie. eLearning)/ Additional request/information
Explain __________________________________________________________________________

**Guidelines for testing accommodations through the Testing Center:**
- Payment is required prior to scheduling standardized exams (TSI Assessment, CLEP, etc…) Other documentation may also be required depending on the exam. Refer to the test schedule at www.kilgore.edu/testing-kilgore for testing requirements.
- Students may reschedule their exam **ONCE**. If the exam is rescheduled more than once, the student must complete a new Accommodations Request Form and re-submit to testing center.
- Payments made for testing on the Kilgore campus are valid for 90 days.
- Students requesting accommodations during late registration periods will be accommodated ONE AT A TIME on a first-come, first-served basis.

**Certification of Requested Modifications:**
I affirm that I have submitted recent documentation describing my disability to the Special Populations office and understand, request and accept the accommodations marked above. I further agree to contact the testing center within 24hrs of my appointment if I need to cancel or reschedule my exam.

Student Signature __________________________ Date ____________

I certify that the above named student has presented certified documentation of a disability to the Special Populations Office. I have reviewed the paperwork and have determined that the accommodations marked are appropriate.

Counselor’s Signature __________________________ Date ____________

Both candidates and Disability/Counseling staff must sign this form. Unsigned forms will not be accepted by the testing center.

Updated 2/15