



TEST ACCOMMODATION RESERVATION FORM (TARF)

MUST BE COMPLETED BY STUDENT:

Student Name

Phone #

ID #

This form must be submitted by the student to the DSPS office 5 business days before a regular exam and 10 business days before midterm or final exams.

COURSE INFO: Subject: _____ # _____ CRN#: _____ Class Days/Time: _____

TEST INFO: Date of Test: _____ Rm. _____ Professor (First and Last Name): _____

MUST BE COMPLETED BY PROFESSOR ONLY:

Please provide the exam to DSPS at least 24 hours BEFORE the scheduled testing date.

If you have any questions about completing this form, please contact DSPS.

1. Please indicate how you will provide the test to DSPS: (Check one)

Print digital form and attach to the exam, then place in our DSPS mailbox or bring to DSPS office (K1-204).

E-mail an electronic copy to miradsps@sdccd.edu (**PREFERRED OPTION**)

*please include student name and course title

2. How would you like the completed test returned to you? (Check one)

Mailroom mailbox**

I will pick it up at the DSPS Office in person

Email: scanned copy to SDCCD email account ONLY (**PREFERRED OPTION**)

*****If you chose the mailbox option, please note for the sake of ensuring test security we will digitally scan and save the exam until 1 month after the semester ends.*****

3. Will the student need to report to class on the day of the test? NO YES, what time?

4. How long will the class be given to complete this test? Hours: _____ Minutes: _____

***Do NOT include DSPS student's extended time**

5. When can student complete the exam? Test window between DATE ___/___/___ TIME ___:___ am/pm and DATE ___/___/___ TIME ___:___ am/pm

6. Please indicate any materials that may be used during the test:

Book(s) Formula(s) Dictionary Canvas NONE
Articles/References (specify) _____ Calculator _____ (graphing, scientific, standard)
Notes/Other (specify) _____

***Failure to mark this section will mean the same as NONE.**

If a student engages in academic dishonesty, the test and a written memo will be returned to you for your action.

Professor's Signature: _____ **DATE** _____

Professor's Email: _____

**The instructor must email the completed form to DSPS.
Forms returned by the student will NOT be accepted.**

DSPS Office Use Only:

Confirmed Test Date: _____ **Start Time:** _____ **Test Time Allotted:** _____

Technology: Kurzweil Dragon Test Location: Suite Scribe

R&W Gold Laptop Special Instructions:

Word Processing CCTV Date request turned in: Initials: