

**TEST ACCOMMODATION RESERVATION FORM (TARF)****MUST BE COMPLETED BY STUDENT:**

Student Name

Phone #

CSID #

This form must be turned in by the student 5 days before an exam to the DSPS office (10 days before midterm or final exams) to confirm the testing appointment.

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)

- ☐ Attach the TEST to the pink copy and return it to our mailbox or office (K1-204).
☐ E-mail an electronic copy to miradsps@sdccd.edu *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

****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? ☐ YES ☐ NO **If yes, what time?** _____

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

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 ☐ Blackboard ☐ NONE
☐ Articles/References (specify) _____ ☐ Calculator _____ (graphing, scientific, standard)
☐ Other (specify) _____
☐ Notes (specify) _____

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

If a student is caught cheating, the test and a written memo will be returned to you for your action.

PROFESSOR'S SIGNATURE _____ **DATE** _____

(Signature guidelines: If emailed, this form **MUST** come from the instructor, not the student else it is VOID)

Professor's Email: _____

DSPS Office Use Only:

Confirmed Test Date: _____ Test Time: _____ Test Time Allotted: _____

Support Service (circle): 1½X 2X Kurzweil Scribe Test Location: _____

Special Instructions: _____ Technology: _____ ☐ Suite

Date Request turned in: _____ Initials: _____

White: DSPS Copy

Yellow: Student Copy

Pink: Instructor Copy