R.I.T.A. Request for Individualized Testing Accommodations

Student Name: ___________________________ Phone: ___________________________

1. Circle the testing accommodations you are approved to use if applicable:
   Text-to-Speech/Dictation  Computer  CCTV  Reader  Scribe  Interpreter  Other: ________________
   Do you need a room with specific technology?  No___ Yes____

2. Course: ___________________________ Semester: __________ Year: 20 ___
   Day(s) Class meets: ___________  Start Time: ___________  End Time: ___________
   Classroom Location: Bldg. __________ Room: __________

3. Instructor's Name: ___________________________ Phone: ___________________________
   Office Location: Bldg. __________ Room: __________

Complete # 4 - 6 with your instructor.

4. Student's Testing Schedule: (If additional space is needed, please complete another R.I.T.A form).

<table>
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<tr>
<th>Day</th>
<th>Date</th>
<th>Start Time</th>
<th>Length of test in the class (Hours: Minutes)</th>
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5. Instructor, please select ONE exam delivery method:
   ___ Via email to DISMAIL@gsu.edu (include students' name and course).
   ___ Via fax to (404) 413-1563. Attn: Testing Coordinator.
   ___ Someone will deliver the exam to Disability Services.

6. Instructor, please select ONE exam return method. If more than one return method is selected, ODS will email the exam.
   ___ Email or fax it back to me at ___________________________ in 1 business day.
   ___ Student returns in a sealed envelope.
   ___ I will send someone to retrieve the exam from Disability Services.
   ___ Deliver the hard copy to ___________ ___________ within 3 business days. (N/A for Summer Semester)

Student Acknowledgement: I understand that changes in exam dates, times, or instructions for testing must be verified with ODS by the instructor. My signature indicates I am responsible for knowing my exam schedule and that I am responsible for communicating any changes to the exam schedule.

Student's Signature: ___________________________ Date: ___________________________

Instructor Acknowledgement: I approve the Student's Testing Schedule and will inform ODS of any changes to this schedule. I also understand this form is null and void unless accompanied by a Student Accommodation Request form that verifies ODS approved testing accommodations.

Instructor's Signature: ___________________________ Email: ___________________________ Date: ___________________________
Exam Return Method Form

THIS PAGE IS FOR ODS USE ONLY:

Student’s Name: _______________________________________________ Panther ID: __________________________

Course: _______________________________________________________ Semester/Year: _______________________

Instructor’s Name: _____________________________________________ Email: ________________________________

Instructor’s return method.

___ Student returns in a sealed envelope.

___ Completed exam picked up by instructor or for instructor.

___ Deliver the hard copy to _____________ _____________ within 3 business days. (N/A for Summer Semester)

Building Room

This Section for Receiver of Exam to Complete

Exam Received by: ____________________________________________

Printed name ____________________________ Signature ______________________________

Date ____________________________ Time Received __________________________

Staff Use Only

ODS Staff: ________________________________________________

Print Name ____________________________ Signature ______________________________

Date: ____________________________ Time Returned to ODS: __________________________

(for delivery purpose only)

Comments: ___________________________________________________