

NEW RIVER COMMUNITY COLLEGE
Center for Disability Services (CDS)
Test Accommodation Request Form

Student's Name

Phone Number

Course # & Section: _____ Test Date: _____ Test Time: _____
(Ex. BIO 101-35) (Ex. May 3, 2014) (Ex. 2:00 p.m.)

Test will be taken at: Main Campus Advising Center _____ With CDS Staff _____
Mall Site Testing Center _____ Mall Site With CDS Staff _____

Instructor: _____

3-5 business days advance notice required

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