



REQUEST FOR ACT ON-CAMPUS REASONABLE ACCOMMODATIONS FORM

Student Full Name: _____ M#: _____
Last First Middle Initial

Address _____
Street City State Zip

Campus Address: _____

Telephone Number: _____ Cell Number: _____

MSU E-mail Address _____ Alternate Email: _____

Classification: Entering Student Freshman Sophomore Junior Senior Graduate Other: _____

What is the nature of your impairment? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Chronic Health Disorder | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Psychological Impairment | <input type="checkbox"/> Other _____ |

Paper-Based Test Administration (Check all that apply)

Assistance

- Sign language interpreter (for spoken directions only) * Wheelchair access
- Marking responses in the test booklet
- Food, drink, or medication (for medical conditions)*

*May be allowed depending upon disability

For students who require a reader, Braille, large type, cassette, or audio DVD version of the ACT, a request for ACT Special Testing must be done nationally. Please contact ACT at (310) 337-1332 to request this accommodation or download the form at: www.actstudent.org.

Other Required Accommodations (Check all that apply)

Extended Testing Time (NOTE: All tests are timed)

50% (time and one half) 100% (double time) Other _____

NOTE: If you are requesting more than 100% extended testing time, you must submit documentation directly to ACT for review.

Additional Rest Breaks

1 additional rest break 2 additional rest breaks

Breaks as needed (specify): _____

Have you taken the ACT On-Campus or an accommodated national test within the last 60 days?*** Yes No

If Yes, when? _____ **A student must wait 60 days between testing, violation of this policy will result in cancellation of the retest scores.

Copy of Documentation for your Disability Attached Yes No

NOTE: Before an evaluation of your request for a testing accommodation can be completed, we must have appropriate documentation from a qualified professional.

Student Signature: _____ Date: _____

NOTE: The request must be received by the Office of Recruitment a minimum of 4 weeks prior to the proposed test date.

APPEALS PROCESS

Any person seeking to appeal the decision of the Director of the Office of Student Disability Services must submit, in writing, a request to review the decision of the Director. This appeal must be delivered to the Office of Equal Opportunity, within five (5) working days of receipt of the Director of the Office of Student Disability Services' decision. The request shall state reasons why the party is requesting a review and may contain any information for consideration. The Director of Equal Opportunity will refer the appeal to the Affirmative Action Subcommittee on Disabilities. The committee may confirm, amend, or modify the decision of the Director of the Office of Student Disability Services. The decision of the committee shall be final.