



English as a Second Language/ English Language Learning

Testing Accommodations Request Form

Student Name _____

Instructor Name _____ **Course Name** _____

Test Date _____ **Testing Time Limit** _____

Student may use (check all that apply):

Textbook Notes Calculator Other _____

Test return instructions:

Interoffice mail Send with Student in sealed envelope Other: _____

ESL Lab Testing Hours

To ensure that tests are supervised by instructors, we have established the following hours:

Days: Monday through Thursday 12:00-4:00 p.m.

Nights: Monday and Wednesday 5:00-8:00 p.m. *by request.* To make arrangements, please contact Laura Hegeman at lhegeman1@cvtc.edu or call (715) 833-6679.

Please send test to **ESL Lab (BEC 109—Clairemont Campus) or Ann Kassing by interoffice mail.**

.....

(Bottom section to be completed by ESL Instructor/Instructional Assistant)

Test Date _____ Test Time _____

ESL Instructor or Instructional Assistant Signature _____