

**Accessible Learning Services**

**Request for Final Examination Accommodations**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acadia ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Requests must be submitted by Friday, November 18th* at 4:00pm *in order to ensure accommodations can be arranged.***

**Required Information**

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| --- | --- | --- | --- | --- | --- |
| Date of Test | Time | Course # & Section | Original Exam Location | Instructor | Accommodation Required |
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***Confirmation of your accommodations will be sent via email once arrangements have been made. Only accommodations documented in your assessment will be permitted.***