

# TEST ACCOMMODATION REQUEST FORM

## BACKGROUND INFORMATION

- Be sure the name you provide on this form matches the valid ID you will present on the day of the test.
- If you fail to present an acceptable, valid form of ID, or if your name on the ID does not match the name you provide on this form, you will be **TURNED AWAY** from the test center. No free retakes will be permitted and no fees will be refunded.
- Use the country codes to complete this form.
- If your information will not fit in the space provided, write outside the lines or use additional sheets.

TEST ACCOMMODATION REQUEST FORM

Title

Mr.  Mrs.  Miss  Ms.  Dr.  Other

First Name (Given Name)\*

M.I.

Last Name (Family or Surname)\*

Suffix

Jr.  Sr.  II  III  IV  Other

Gender\*

Male  Female

Address Line 1 (Number and Street)\*

Address Line 2

City \*

State or Province \*

Country Code\*

Postal Code

Country of Citizenship Code\*

Daytime Telephone Number,\* including Country Code

Evening Telephone Number, including Country Code

Fax Number, including Country Code

Email Address

Date of Birth (MM/DD/YYYY)\*

If you are a US citizen residing in the US, select your ethnic or racial identification:

- |                                                                       |                                       |                                      |                                 |
|-----------------------------------------------------------------------|---------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> African American                             | <input type="checkbox"/> Asian        | <input type="checkbox"/> Multiracial | <input type="checkbox"/> White  |
| <input type="checkbox"/> American Indian, or<br>Other Native American | <input type="checkbox"/> Mexican      | <input type="checkbox"/> Hispanic    | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Multiethnic                                  | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other       |                                 |

When do you plan to start a graduate management program (MM/YYYY)?

(Leave blank if undecided)

\* Required Information

**A. NATURE OF YOUR DISABILITY**

(Check all that apply and list specific diagnosis.)

- Physical \_\_\_\_\_
- ADHD \_\_\_\_\_
- Learning \_\_\_\_\_
- Psychological \_\_\_\_\_
- Vision \_\_\_\_\_
- Hearing \_\_\_\_\_
- Other \_\_\_\_\_

When was your disability first diagnosed?

- Less than 1 year ago
- 1-2 years ago
- 2-4 years ago
- 5 or more years ago

Date of professional's most recent evaluation (MM/DD/YYYY)?

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**B. PREVIOUS ACCOMMODATIONS**

Have you previously requested accommodation(s) on any other standardized examinations?

- Yes  No

Have you previously received accommodation(s) on any other standardized examinations?

- Yes  No

**If yes**, please complete the following:

Exam _____	Date _____	Accommodation(s) received _____
Exam _____	Date _____	Accommodation(s) received _____

Did you receive additional test time for any exams while you were in college?

- Yes  No

Did you receive any other accommodations while you were in college?

- Yes  No

If yes, list all accommodations received in college:

\_\_\_\_\_

**C. PREVIOUS ACCOMMODATIONS (CONTINUED)**

If you have been employed at any time since high school, did you receive any accommodations from your employer because of your disability?

Yes  No

If yes, please explain what accommodations you received.

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If no, please explain.

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Were you approved for accommodations within the past two years?

Yes  No

If approved for accommodations within the past two years, are you requesting the same approved accommodations?

Yes  No

If no, please complete Sections C and D.

**D. REQUEST FOR TEST ACCOMMODATION(S)**

**1. Test Accommodations** (the following are the most commonly requested accommodations)

If the accommodation needed is not listed, please check “other” and explain the requested accommodation.

A. Additional time

- 50% more time
- 100% more time

B. Wheelchair accessibility

C. Reader who can read the test items to the candidate

D. Recorder to enter responses

E. Allowance of a medical device into the testing room (specify)

**Please note:** Medical equipment or assistive devices not attached to your body requires submission of an accommodation request.

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F.  Other

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The following aids do not require an Accommodation Request Form:

- Eyeglasses and hearing aids
- Pillow for supporting neck, back, or injured limb
- Neck brace or collars
- Insulin pump, if attached to your body

**2. Minor Modifications**

(The following modifications do not require prior approval and may be requested on the day of the appointment)

- A.  Adjustable chair\*
- B.  Adjustable personal computer (PC) workstation\*
- C.  Ear plugs or headphones to block noise
- D.  Switching the mouse from right-hand to left-hand operation

\* Adjustable chairs and workstations may not be available in all test center locations. Please request these minor modifications when scheduling your appointment or by contacting Customer Service for your region.

**E. ACCOMMODATIONS RATIONALE**

Please describe how your disability affects your ability to take the exam, and explain why you need each of the requested accommodations. You may attach additional pages if necessary. List your name and date of birth on each page.

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**F. VERIFICATION**

I certify that all of the information on this form is true and correct. If I am submitting my request from outside the US, I also consent to the transmission of my request, including my documentation and personal health information, into the US. I further consent to the processing of my request in the US by Pearson VUE, their service providers and external reviewers, as provided in this Supplement and the Privacy Policy, exclusively for the purpose of evaluating my request for a disability accommodation for taking the exam or other purposes identified therein. I agree to receive communications as described above. I certify that all of the information on this form and in the documentation I am providing is accurate, truthful, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are unable to sign this form, please have someone sign and date the form in your presence and then have that person provide his or her signature below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date