

GAU STUDENT AFFAIRS SPECIAL SERVICES
REQUEST FOR ASSESSMENT ACCOMMODATIONS

The Request for Assessment Accommodation Form must be completed by the student requesting the accommodation. This information and the student's signature are required so that Student Affairs office staff has permission to speak with the GAU Testing and Evaluation services.

Requests will not be processed until both the Request for Accommodations and supporting medical documentation completed by a qualified clinical professional have been submitted to the Student Affairs office. Guidelines for documentation can be found on the GAU website:
<https://gau.edu.gy/students-with-disability>

Mail: Georgetown American University

Student Affairs Office
81 Croal St.
Georgetown Guyana

Student Name: _____
(Last) (First) (Middle)

Student ID: _____ Email Address: _____

Phone number: _____ Are you registered with SASS? Yes ___ No ___

Type of Assessment: _____

Date of Assessment: (if known): _____

Accommodation(s) Being Requested:

(check all that apply):

- Time and a half on quizzes/exams (1.5x) unless speed is the factor being tested
- Double time on quizzes/exams(2x) unless speed is the factor being tested
- Reduced distraction testing environment
- Use of computer for exams
- Other (please describe): _____

For Office Use Only

Accommodation(s) Approved by SA:

- Time and a half on quizzes/exams (1.5x) unless speed is the factor being tested
- Double time on quizzes/exams (2x) unless speed is the factor being tested
- Reduced distraction testing environment
- Use of computer for exams
- Other: _____

By my signature I affirm that all personal statements and documents that I am submitting in support of my application are true and correct. I understand that falsifying or misrepresenting facts or information may result in disciplinary action. I authorize Services for Students with Disabilities staff to release disability related information to UT staff as it relates to my request for accommodations. I understand my request for accommodations will not be processed until I have submitted disability documentation meeting Students with Disability guidelines).

Student Signature: _____ Date: _____

For Office Use Only
Date Sent to SA: _____ By SASS Staff: _____