REQUEST FOR INDIVIDUALIZED TESTING ACCOMMODATIONS (RITA)

Section 1: To be filled out by the student

Name: ___________________________  ID#: ___________________________  Phone: ___________________________

Course Name: ___________________________

Course Number: ___________________________  Instructor’s Name: ___________________________

Request for Accommodations

Based on my Student Accommodation Form (SAF), I request the following accommodations for exams in this course. (Please check all that apply):

_____ Scribe (for Scantron)
_____ Scribe (typist) - Please discuss with exam coordinator 72 hours in advance.
_____ Use of computer (without Internet access)  JAWS/Dragon/CCTV (Please circle one.)
_____ Other: ___________________________

Student’s Signature: ___________________________  Date: ___________________________

Section 2: To be filled out by the Instructor

The student named above has presented me with his/her Student Accommodation Form (SAF). Exams are to be administered by the CSD on the following dates and start-times. Note: If start-times are negotiable (within CSD hours of operation), place a (N) in the space designated.

1. Date: __________  Time: __________
2. Date: __________  Time: __________
3. Date: __________  Time: __________
4. Date: __________  Time: __________
5. Date: __________  Time: __________
6. Date: __________  Time: __________

Exam Instructions

Exams must be made available or delivered to the CSD a minimum of 24 hours in advance of the test date. Exams will be returned to the department location within 2 business days.

_____ I will fax exam to the CSD at 713.743.5396.
_____ I will deliver exam to the CSD.
_____ I will e-mail exam to the CSD at uhcsd@central.uh.edu (Word document is preferred)
_____ I request CSD to pick up exam from ________________

Additional Instructions

Students may use the following during this exam:

_____ Calculator (Scientific/Graphing)  _____ Book  _____ Notes  _____ Computer (Internet/without Internet)  _____ Other ___________________________

Instructor’s Signature: ___________________________  Date: ___________________________

Contact Person: ___________________________  Building/Room: ___________________________

Ext.: ___________________________  Email: ___________________________

Justin Dart Jr. Center for Students with Disabilities (CSD)  •  4369 Cougar Village Drive, Room 100  •  Houston, TX 77204-3022
PHONE: 713.743.5400  •  FAX: 713.743.5396  •  UH.EDU/CSD