

# UNIVERSITY of HOUSTON

## CENTER FOR STUDENTS WITH DISABILITIES

### FALL/SPRING HOURS

MONDAY AND TUESDAY 8 - 7 • WEDNESDAY - FRIDAY 8 - 5

### SUMMER HOURS

MONDAY - FRIDAY 8 - 5

## 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 (SFA), 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: \_\_\_\_\_

4. Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. Date: \_\_\_\_\_ Time: \_\_\_\_\_

5. Date: \_\_\_\_\_ Time: \_\_\_\_\_

3. 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 \_\_\_\_\_

### LOCATION

### Additional Instructions

Students may use the following during this exam:

\_\_\_\_\_ Calculator \_\_\_\_\_ Book \_\_\_\_\_ Notes \_\_\_\_\_ Computer \_\_\_\_\_ Other \_\_\_\_\_  
(Scientific/Graphing) (Internet/without Internet)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Building/Room: \_\_\_\_\_

Ext.: \_\_\_\_\_ Email: \_\_\_\_\_