
e-file requested _____
reminder sent _____
*For Testing Center use

SUNY SCHENECTADY
COUNTY COMMUNITY COLLEGE



Elston 427 • (518) 381-1293
TestingCenter@sunysccc.edu

ADA TESTING APPOINTMENT

Today's Date: _____

Student: _____

Test Date: _____ Time: _____

Course: _____

Instructor: _____

- I am requesting:**
- Extended time
 - Distraction-reduced
 - Reader (Kurzweil)
 - Word Processor
 - Writer/Scribe
 - Other: _____

**Please take the "Exam Checklist" to your
instructor as soon as possible!**