

10. Check here if you are requesting a **Sunday administration** because you are unable to take the test at the regularly scheduled Saturday administration due to your religious practices. If this is your first request, you must enclose a signed letter from a member of the clergy, written on that person's professional letterhead, stating that your religious practices prohibit Saturday testing.

(Proceed to section 14 of this form if an alternative test date is your only request.)

11. Identify the disability for which you are requesting alternative testing arrangements.

12. List the specific alternative testing arrangement(s) that you are requesting.

13. **Documentation** (check one of the following):

I am requesting one of the alternative testing arrangements listed below because of a disability. Medical documentation is not required for the following accommodations:

- Allowance of a medical device in the testing room
- Wheelchair-accessible facilities
- Frequent breaks (e.g., for those with hypoglycemia or diabetes)
- Use of a magnifying glass, color overlays, or a straightedge (e.g., for those with a visual impairment)
- Use of a pen for a written assignment (e.g., for those with a motor impairment)
- Written copy of the oral directions (e.g., for those with a hearing impairment)

I am requesting alternative testing arrangements other than those listed above. Therefore, I have enclosed documentation, if required, as indicated on the current program website.

My institution is submitting an Institutional Verification of Documentation on my behalf.

14. **Previous alternative testing arrangements** (check one of the following):

I have not previously been granted alternative testing arrangements for the MTTC.

I was granted for a previous administration of the MTTC the same alternative testing arrangements that I am currently requesting. Indicate the most recent test date: _____

I was granted for a previous administration of the MTTC different alternative testing arrangements from those that I am currently requesting. Please explain, including the test date:

15. I have read the current program website and hereby agree to abide by the conditions set forth, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Alternative Testing Arrangements Request Form for Paper-Based Testing, any required documentation as noted on the program website. If my institution is submitting an Institutional Verification of Documentation on my behalf, I authorize that institution to submit a copy of the documentation referenced on that form to Evaluation Systems upon request. I understand that the information I provide, including any supporting documentation, may be shared with the MDE in order to process my request. I understand that the deadline for submission of these materials is the **regular registration deadline** and that, because of space, staff, and time constraints, there can be no assurance that requests received after this deadline can be accommodated. I understand and agree that the alternative testing arrangements I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test(s) under alternative conditions.

Signature

Date