



Student Waiver of Accommodation

I, _____, have decided not to use my authorized
Student Name

accommodation(s) of:

for the test in _____ administered on _____.
Course Name Test Date

I understand that I will not be allowed to retake this test, even if I do poorly, but that I may have my

authorized accommodation(s) for any future tests if I request that at least _____ day(s) in
Instructor Deadline*

advance of the future test date(s).

Signed _____ / _____