



Office of Accessibility

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8180
fax 212-220-1264

Testing Accommodations Agreement

I understand that as a student using testing accommodations through the Office of Accessibility, my responsibilities for **each** examination are:

- To return the completed *Release of Examination* form, signed by the instructor, no later than seven (7) days prior to the scheduled examination.
- To notify the Office of Accessibility of any changes regarding the scheduled examination. The Office of Accessibility will confirm any changes with the instructor.**
- To notify the Office of Accessibility if I will be late or if I am sick and unable to take the scheduled examination. **Please note that make-up exams will only be given with the permission of the instructor.**
- To follow the procedures for testing accommodations in order to ensure the integrity of the examination and testing accommodations.

I also understand that:

- The Office of Accessibility is fully committed to upholding the college's policy on academic integrity (see Campus Behavior Code, page 95 of BMCC 2007-2010 Bulletin). **Cheating or any other form of academic dishonesty is prohibited.** When a student is caught cheating while taking an examination with the Office of Accessibility, the exam will be stopped and the instructor will be informed of the incident. In addition, students will be referred to the Dean of Student Affairs for disciplinary action.
- I may not use any mobile phones, smart phones, the internet or any other unapproved technological devices during the exam; I may not leave the testing area during the exam without permission; I may not talk or socialize during the exam.
- I must arrive at the Office of Accessibility at the scheduled exam time. Unexcused lateness will result in a deduction from my extended time or the exam may be re-scheduled but only with the instructor's permission.

TO BE COMPLETED BY THE STUDENT

I have read this Testing Accommodations Agreement and fully understand what my responsibilities are for each examination. Furthermore, I also agree to uphold BMCC's policy on academic integrity.

Name of Student (**Please print**)

Signature of Student

Date