

EPT/ELM Registration Form for Special Conditions

Use this form for accommodated testing at Cal Poly, San Luis Obispo only. To test under special conditions at another CSU campus, contact their Testing Office.

Instructions for Saturday Sabbath Observers:

If your religious convictions prevent you from taking the EPT and/or ELM on the scheduled test dates, you must register by mail or fax, requesting special arrangements by including:

1. A letter from an appropriate religious authority verifying your need for a non-Saturday administration
2. Your completed registration form

Your registration request must reach our office by the **registration deadline**.

Instructions for Disabled Students:

If you have a disability and require special arrangements for taking the examination(s), you must register by mail or fax, requesting special arrangements by including:

1. This completed registration form
2. A letter from the student describing exactly what accommodations you are requesting (e.g., extended time, large print or Braille, use of a reader or writer, etc.)
3. Documentation of **learning disability** – MUST include the following:
 - Psychoeducational Evaluation (less than 3 years old)
 - Most recent school IEP/504 (less than one year old)
4. Documentation of **psychological/medical disability** – MUST include the following:
 - Letter from a physician on official letterhead describing DSMIV diagnosis
 - Most recent school IEP/504 (less than one year old)

Your registration form must reach our office by the **registration deadline**.

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS – EPT/ELM

*Please
Print*

Last Name _____

First Name _____ Middle _____

Mailing Address _____

City/State/Zip _____

Email _____ Phone _____

Test English Placement Test only

Entry Level Math test only

Both EPT and ELM tests

Test Date Month _____ Year _____

Accommodation Requested

Non-Saturday administration (attach documentation described above)

Disability accommodations (attach documentation described above)

Student
Signature _____

Date _____

Send this form and appropriate documentation to the Testing Services office:

by fax (805)756-5340

or by mail

Testing Services

Cal Poly

1 Grand Avenue

San Luis Obispo, CA 93407-0835