

Office of Disability Services

Return to Testing in the Educational Resource Center

This document is presented when a student elects to return to testing in the Educational Resource Center even though he/she has completed an ER Testing Waiver prior to signing this document.

I, _____, on this date, _____ elect to take **the following** tests in the Educational Resource Center (ER) even though I had originally chosen to take them in the classroom.

Courses I will change from
classroom back to ER

Professor's signature:

_____	_____
_____	_____
_____	_____
_____	_____

_____ (initial) I understand this choice could cause a delay in scheduling and am willing to comply with a reasonable wait time.

_____ Student

_____ Director of the ER

_____ Date