Mercer County Community College

Division of Health Professions

Nursing Program

Receipt of Accommodations Form

Course:_____ Semester/Year:_____

By signing below, I acknowledge that_____has submitted an Academic Accommodations form from the Mercer County Community College Center for Inclusion, Transition, and Accessibility.

_____

Instructor signature Date

By signing below, I acknowledge that I have submitted a Recommendation for Special Accommodations form from the Mercer County Community College Center for Inclusion, Transition, and Accessibility.

I understand that I am responsible for contacting the Academic Testing Center (ATC) to schedule my testing appointment {609.570.3295} in accordance with my specific accommodation requirements. My professor will designate a specific start and end time for my exam.

In the event that the assessment is timed, the time allocated for the exam will be noted on the top of the exam cover sheet. I understand that I am responsible for monitoring my time {the testing center will provide a timer, or I can refer to the clock in the testing center}. I understand that taking more time than allocated for an exam is violation of academic integrity.

I acknowledge that that submission of an exam for grading indicates that testing accommodations were met during the exam.

_____

Student signature Date