



Non-standard Test Accommodations Request Form University of Michigan

Candidate's Information

Last name:	E-mail:
First name:	Telephone:
Date of Birth:	Mobile:
Test (please check): ECCE <input type="checkbox"/> ECPE <input type="checkbox"/>	

I attach

	Yes	No
1. Completed examination application form		
2. Bank receipt		
3. Appropriate medical documentation translated into English		

You do not need to submit medical evidence again if:

1. You have taken the ECCE/ ECPE within the last three years under non-standard accommodations AND	
2. The state of your health has not changed since the date on which the most recent medical evidence was provided.	
If you fall into this category, please specify the test and date of administration.	Test:
	Month, Year:

Type of Disability (choose the one that best describes your case)

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Stutter
<input type="checkbox"/> Blindness	<input type="checkbox"/> Deafness	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Motor impairment	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Autism / Asperger syndrome
<input type="checkbox"/> Temporary disability (arm fracture, etc)	<input type="checkbox"/> Psychological & Learning Disabilities (dyslexia, dysgraphia, etc)	<input type="checkbox"/> Other (please specify)

- The information I have provided is accurate to the best of my knowledge.
- I understand that the HAU Center for Examinations and Certifications will, if necessary, contact medical professionals to clarify the documentation and the information concerning my case will be shared with the University of Michigan.
- The UM and the HAU have no obligation to adopt recommendations made by professionals but these will be taken into consideration when the non-standard accommodations will be decided.
- I understand that the adjustments made for the ECCE/ ECPE Examinations may not be the same as those made in other contexts (e.g. at school). The Center for Examinations and Certifications will inform me in writing about the type of non-standard accommodations granted.

Student's Signature/ Parent's Full Name and Signature:	Date:
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Signed Original submitted to the Center for Examinations and Certifications. Please make and retain a copy of this form.



The Hellenic American Union Center for Examinations and Certifications applies a Management System in accordance with the ISO 9001: 2008 standard for the following scopes: "Planning, organization, and administration of examinations" and "Provision of support services to candidates, foreign-language schools, and teachers".

For Office Use Only

Date received:	Documentation complete: Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, documents needed:	
Student/ Parent contacted by:	Date contacted: