ATTENTION: TESTING SERVICES, JUSTIN ROBILLARD

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 Name: _____________________________________________________________
Mailing Address: __________________________________________________________
City/State/Zip: _____________________________________________________________
Email: _________________________________________________________________
Phone: _________________________________________________________________
Test (EPT, ELM, or Both): ________________________________________________
Accommodation Requested: ______________________________________________

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

By Fax: 805-756-5451 Attention: Justin Robillard

By Mail: Testing Services - Cal Poly, 1 Grand Avenue, San Luis Obispo, CA 93407-0835