



English Language Learner (ELL) Student Exam Accommodation Policy and Request Form

- Students determined to be ELL may receive, for no more than 2 semesters: up to 50% additional time on approved exams; and usage of a paper-based native language translation dictionary.
- All Accommodation Request Forms must be submitted at least one week before an examination.
- The request for accommodation is to be considered by the course professor(s) and is not guaranteed.
- Translation dictionaries are not provided by the University. The dictionary provided by the student may not contain additional writing and will be inspected before each use.
- Faculty members encourage ELL students to move gradually toward taking exams without extra time, in preparation for future standardized exams.

Last Name _____ First Name _____ Student ID _____

Address _____ City, State, ZIP _____

Telephone _____ Email _____

Degree program at Stritch _____

Current standing ___Freshman ___Sophomore ___Junior ___Senior ___Graduate

Native language _____ Country of citizenship _____

Years studying and using English _____

How long have you lived in an English-speaking country, consecutively or not? _____years____months

English exam score: TOEFL _____ IELTS _____ Other _____ None

Date of above English exam: _____

Have you attended school in the U.S. prior to Cardinal Stritch University? _____ Yes _____ No

If Yes, list schools(s) duration, and degree/date earned for each school:

School _____ Duration _____ Degree/Date _____

School _____ Duration _____ Degree/Date _____

Have you received ELL accommodations at any other U.S. institution? _____ Yes _____ No

If Yes, please explain:

For each course that you desire accommodation, list:

Course: _____ Professor: _____

Course: _____ Professor: _____

Course: _____ Professor: _____

Course: _____ Professor: _____

Certification of Requesting Party

I certify that the above responses and statements are true and correct. I acknowledge that any misrepresentation made on the form can be grounds for a disciplinary proceeding.

Student signature

Date

Obtain your course professor(s) signature(s) in the box below. Then submit this form to:

Keeley Madison, ELL Specialist: kkmadison@stitch.edu (414) 410-4973 **OR**

Mike Schade, Accessibility Services Coordinator: meschade@stitch.edu (414) 410-4828

To schedule your exams, contact Mike Schade.

FOR OFFICIAL USE ONLY

___ Approved ___ Denied

Date ___/___/___

Course Professor signature(s):

Accessibility Services Coordinator OR ELL Specialist signature:
