

## **Student Waiver of Accommodation**

I,	Ot In the second	, have decided not to	use my authorized
	Student Name		
accommodation(s) of:			
	Course Name		Test Date
I understand that I will n	ot be allowed to retake this test	, even if I do poorly, but that I n	nay have my
authorized accommodat	ion(s) for any future tests if I red	quest that at least Instructor De	day(s) in eadline*
advance of the future te	st date(s).		
Signed		/	