

GMAT TEST ACCOMMODATION REQUEST FORM

Please Print or Type – The Application Must Be Legible

The following form must be completed and submitted to GMAT Disability Services with all additional supporting documentation and your test fee before your request for test accommodation(s) will be reviewed. To obtain information on applicable test fees, please visit **mba.com**.

You are required to provide current documentation from a qualified evaluator who is familiar with your disability and the functional impact of your disability on your ability to perform on the GMAT exam. Carefully review the guidelines in this *Supplement* to ensure that your documentation is complete. For tracking purposes, please list your name and date of birth on each page of this form.

Be sure that the spelling of your name matches the name printed on the identification you will present at the test center. If this information does not match, you will NOT be admitted to the test center, and your entire test fee will be forfeited.


Please submit your completed form to **GMAT Disability Services** using the following fax or mail address.

Fax: +1 (952) 681-3681	
Postal Mail	Express Mail/Courier Service
Pearson VUE Attn.: GMAT Disability Services PO Box 581907 Minneapolis, MN 55458-1907 USA	Pearson VUE Attn.: GMAT Disability Services 5601 Green Valley Drive, Suite 220 Bloomington, MN 55437 USA

*Please note: Your request for test accommodation(s) will not be considered if payment is not submitted with your application.

BACKGROUND INFORMATION

- Be sure the name you provide on this form matches the valid ID you will present on the day of the test.
- If you fail to present an acceptable, valid form of ID, or if your name on the ID does not match the name you provide on this form, you will be **TURNED AWAY** from the test center. Your test fee will not be refunded. See the *GMAT Handbook* for additional information about appropriate identification.
- Use the country codes on **mba.com** (see Country Code List) to complete this form.
- If your information will not fit in the space provided, write outside the lines or use additional sheets.



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- Purchase additional practice questions
- Track your progress
- Practice test score history

GMAT TEST ACCOMMODATION REQUEST FORM

Title

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. ☐ Other

First Name (Given Name)*

M.I.

Last Name (Family or Surname)*

Suffix

☐ Jr. ☐ Sr. ☐ II ☐ III ☐ IV ☐ Other

Gender*

☐ Male ☐ Female

Address Line 1 (Number and Street)*

Address Line 2

City *

State or Province *

Country Code* (see Country Code List on **mba.com**)

Postal Code

Country of Citizenship Code*

(see Country Code List on **mba.com**)

Daytime Telephone Number,* including Country Code

Evening Telephone Number, including Country Code

Fax Number, including Country Code

Email Address

Date of Birth (MM/DD/YYYY)*

If you are a US citizen residing in the US, select your ethnic or racial identification:

☐ African American ☐ Asian ☐ Multiracial ☐ White
☐ American Indian, or ☐ Mexican ☐ Hispanic ☐ Latino
 Other Native American ☐ Multiethnic ☐ Puerto Rican ☐ Other

Have you taken the GMAT exam before?*

☐ Yes ☐ No

If yes, enter your GMAT ID (if available)

When do you plan to start a graduate management program (MM/YYYY)?

*** Required Information**

PAYMENT INFORMATION

- Fax or mail this form if you are paying with a credit card.
- Mail this form if you are paying with a cashier's check, money order, or personal check.
- If you do not submit payment with this form, your test appointment will not be made and your form will be returned to you.
- If the cardholder name and billing address for the credit card you are using do not match the name and address entered elsewhere on this form, you must enter the cardholder information requested. The name and address provided must match the name and address on the credit card billing statement.
- Use the country codes to complete this form.
- If your information will not fit in the space provided, write outside the lines or use additional sheets.

Credit Card Information

☐ VISA® ☐ MasterCard® ☐ JCB® ☐ American Express®

Credit Card Number	Expiration Date (MM/YY)	Security Code
<input style="width: 100%;" type="text"/>	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>

Cardholder Signature	Date (MM/DD/YYYY)
<input style="width: 100%;" type="text"/>	<input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>

Or Other Payment Method (must be enclosed)

☐ Cashier's Check ☐ Money Order ☐ Personal Check

Cardholder Information (if different from personal information)

First Name (Given Name)*	M.I.
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Last Name (Family or Surname)*

Address Line 1 (Number and Street)*

Address Line 2

City *	State or Province *
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Country Code* (see Country Code List on mba.com)	Postal Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Daytime Telephone Number*, including Country Code

* Required Information

A. NATURE OF YOUR DISABILITY

(Check all that apply and list specific diagnosis.)

- ☐ Physical _____
- ☐ ADHD _____
- ☐ Learning _____
- ☐ Psychological _____
- ☐ Vision _____
- ☐ Hearing _____
- ☐ Other _____

When was your disability first diagnosed?

- ☐ Less than 1 year ago ☐ 1-2 years ago ☐ 2-4 years ago ☐ 5 or more years ago

Date of professional's most recent evaluation (MM/DD/YYYY)?

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B. PREVIOUS ACCOMMODATIONS

Have you previously requested accommodation(s) on any other standardized examinations?

- ☐ Yes ☐ No

Have you previously received accommodation(s) on any other standardized examinations?

- ☐ Yes ☐ No

If yes, please complete the following:

Exam _____ Date _____ Accommodation(s) received _____

Exam _____ Date _____ Accommodation(s) received _____

Did you receive additional test time for any exams while you were in college?

- ☐ Yes ☐ No

Did you receive any other accommodations while you were in college?

- ☐ Yes ☐ No

If yes, list all accommodations received in college:

C. PREVIOUS ACCOMMODATIONS (CONTINUED)

If you have been employed at any time since high school, did you receive any accommodations from your employer because of your disability?

☐ Yes ☐ No

If yes, please explain what accommodations you received.

If no, please explain.

Were you approved for GMAT accommodations within the past two years?

☐ Yes ☐ No

If approved for GMAT accommodations within the past two years, are you requesting the same approved accommodations?

☐ Yes ☐ No

If no, please complete Sections C and D.

D. REQUEST FOR GMAT TEST ACCOMMODATION(S)

1. Test Format

(Check one only. If you do not complete this section, the computer adaptive format with regular font will be used.)

☐ Enlarged font computer adaptive test (20 point)

☐ Other (please specify) _____

2. Test Accommodations (the following are the most commonly requested accommodations)

If the accommodation needed is not listed, please check “other” and explain the requested accommodation.

A. Additional time

☐ 50% more time

☐ 100% more time

B. ☐ Additional rest break

C. ☐ Extended rest breaks

D. ☐ Two-day appointment (as opposed to completing the test in one day)

E. ☐ Wheelchair accessibility

F. ☐ Reader who can read the test items to the candidate

G. ☐ Recorder to enter responses

H. ☐ Sign language interpreter (for spoken directions and candidate questions only)

I. ☐ Trackball mouse

J. ☐ Allowance of a medical device into the testing room (specify)

Please note: Medical equipment or assistive devices not attached to your body requires submission of an accommodation request.

K. ☐ Other

The following aids do not require a GMAT Accommodation Request Form:

- Eyeglasses and hearing aids
- Pillow for supporting neck, back, or injured limb
- Neck brace or collars
- Insulin pump, if attached to your body

3. Minor Modifications

(The following modifications do not require prior approval and may be requested on the day of the appointment)

- A. ☐ Adjustable chair*
- B. ☐ Adjustable personal computer (PC) workstation*
- C. ☐ Ear plugs or headphones to block noise
- D. ☐ Switching the mouse from right-hand to left-hand operation

* Adjustable chairs and workstations may not be available in all test center locations. Please request these minor modifications when scheduling your appointment or by contacting GMAT Customer Service for your region.

D. ACCOMMODATIONS RATIONALE

Please describe how your disability affects your ability to take the GMAT exam, and explain why you need each of the requested accommodations. You may attach additional pages if necessary. List your name and date of birth on each page.

E. NOTIFICATIONS

Preferred method of receiving GMAT Disability Services communications (select one only):

- ☐ Email
- ☐ Postal mail
- ☐ Fax

(If you do not select any option, or select multiple options, all communication will take place via email. Please ensure the email address on page A2 is correct and legible.)

F. VERIFICATION

I certify that all of the information on this form is true and correct. I agree to all the terms and conditions set forth in the *GMAT Handbook*, including its Privacy Policy. If I am submitting my request from outside the US, I also consent to the transmission of my request, including my documentation and personal health information, into the US. I further consent to the processing of my request in the US by Pearson VUE, GMAC, their service providers and external reviewers, as provided in this Supplement and the Privacy Policy, exclusively for the purpose of allowing GMAC to evaluate my request for a disability accommodation for taking the GMAT exam or other purposes identified therein. I agree to receive communications by GMAC as described above. I certify that all of the information on this form and in the documentation I am providing is accurate, truthful, correct, and complete.

Signature

Date

If you are unable to sign this form, please have someone sign and date the form in your presence and then have that person provide his or her signature below.

Signature

Date