

GMAT TEST ACCOMMODATION REQUEST FORM

Please print or type – The application must be legible. If your information will not fit in the space provided, write outside the lines or use additional sheets. For tracking purposes, please list your name and date of birth on each page of the accommodation request form.

The following form must be completed and submitted to GMAT Disability Services with all supporting documentation before your request for test accommodations will be reviewed.

You are required to provide current documentation from a qualified evaluator who is familiar with your disability and its functional impact on tasks or skill areas of clear relevance to the demands of the GMAT exam. Carefully review the documentation guidelines in this Supplement to ensure that your documentation is complete.

Be sure that the spelling of your name matches the name printed on the government-issued photo 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 see the GMAT Handbook for additional information about appropriate identification.

GMAT EXAM ACCOMMODATION REQUEST FORM

GMAT ID Number

First Name (Given Name)*

M.I.

Last Name (Family or Surname)*

Date of Birth (MM/DD/YYYY)*

Gender*

Male Female

Highest level of education completed: High School graduate Some College Associate Degree

Bachelor's Degree Master's Degree Doctor of Law Doctor of Medicine Other Doctorate

Address Line 1 (Number and Street)*

Address Line 2

City *

State or Province *

Country in which you reside

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

Email Address

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

Email

Postal mail

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

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)

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. JAWS software
- K. Enlarged font (20 point font on a 24 inch computer screen)
- L. “Zoom Text” software
- M. 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.

- N. Other

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

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

The following modifications do not require prior approval and may be requested at the testing center on the day of the appointment: Adjustable-height chair (if available), earplugs and/or noise-cancelling headphones, and switching the mouse from the right-hand to left-hand position.

E. 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.

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

***** OPTIONAL *****

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION TO THIRD PARTIES REGARDING GMAT® ACCOMMODATION REQUESTS AND RELEASE OF LIABILITY

On occasion, applicants who have received an accommodation decision from GMAC request that we discuss the basis of that decision with the applicant's medical/clinical provider. We are happy to take such calls. To protect your personal information, and subject to its Privacy Policy, GMAT Disability Services will not respond to inquiries from or provide information to third parties regarding your accommodation request unless you have specifically authorized us to do so through this form. By signing this form, you are authorizing the Graduate Management Admission Council (GMAC) and its officers, employees and agents to disclose, to the individuals you have designated below, any information to which GMAC has access related to your accommodation request, including but not limited to, the nature of your request, status of review of the request, and any information concerning your mental and/or physical health. Also, by signing this form, you are releasing GMAC and its officers, employees and agents from any claims, demands or liability related to or resulting from the disclosure of such information by GMAC, its officers, employees or agents. GMAC reserves the right at its sole discretion to determine whether to disclose any information, and if so, which information to disclose to those individuals you have designated. This form does not in any way obligate GMAC to release any information.

I, _____, hereby voluntarily authorize the Director of GMAT Disability Services and his/her designees to discuss at their discretion any information to which GMAC has access related to my accommodation request (including but not limited to my personal, mental and/or physical health information) with the following individual(s):

Name	Organization	Relationship

Name	Organization	Relationship

Name	Organization	Relationship

Signed: _____ Date: _____ GMAT ID: _____ (if available)

Please FAX to GMAT Test Accommodations: + 1(952) 681-3681

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CONTACTING US

Q: How do I contact you if I have additional questions?

A: Two levels of support are provided to assist test takers with inquiries.

- **GMAC works with testing partner PearsonVUE to administer the GMAT exam. You should contact gmacaccommodations@pearson.com if you have questions regarding whether your accommodation request has been received, test fee refunds, exam scheduling, and general policy questions.**
- **GMAC makes all decisions regarding eligibility for GMAT accommodations. You should email GMAC at testingaccommodations@gmac.com if you have any questions about accommodations application preparation or about an accommodation decision you have received.** GMAC makes all decisions regarding eligibility for GMAT accommodations. You should email GMAC at testingaccommodations@gmac.com if you have any questions about accommodations application preparation or about an accommodation decision you have received.



Schools are looking for you

Schools are looking for the best candidate — YOU. Simply answer a few questions about your background and your career aspirations to get noticed by schools around the world and learn about scholarship and financial aid opportunities.

mba.com/schoolconnection

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GMASS
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