



**English as a Second Language**  
**Accommodation**  
**Request Form**

Return application to:  
AFO Course Host Location

**\*\*\*Requests must be received at least 30 days prior to the scheduled exam date.**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Language: \_\_\_\_\_

The signature of your supervisor, professor or human resources representative is required to verify request.

Name: \_\_\_\_\_ Relationship to applicant/Title: \_\_\_\_\_

- ▶ I would like to request a 90-minute time extension for the AFO Exam.  Yes  No
- ▶ I would like to request the use of a strict translation dictionary.  
(book form only, no electronic dictionaries allowed).  Yes  No