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@stritch.edu (414) 410-4973   OR
Mike Schade, Accessibility Services Coordinator: meschade@stritch.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:

_____________________________________________________________________________________