

ESL Exam Variance Request

Date Requested _____

Name _____

Telephone _____

WSU Email _____

Term /_/ Fall /_/ Winter /_/ **SPRING/SUMMER** 20____

For student who are non-native English speakers, your request for additional time testing may be granted if the student meets the following requirements:

- a) **Has been enrolled for less than two years in an educational program at the level of college or above in an English speaking country, and**

- b) **Has lived in an English-speaking country for less two than two years within the preceding 5-year period.**

An additional $\frac{1}{3}$ of the scheduled exam period may be approved
(20 additional minutes for each hour of scheduled exam time)

Approved By

Felicia Thomas, Assistant Dean of Student Affairs

Course Name _____

Professor's Name _____

Scheduled Date and Time _____

Requested Date and Time _____

Approved Date and Time _____

Course Name _____

Professor's Name _____

Scheduled Date and Time _____

Requested Date and Time _____

Approved Date and Time _____

Course Name _____

Professor's Name _____

Scheduled Date and time _____

Requested Date and Time _____

Approved Date and Time _____