

Request for Test Anxiety Accommodations

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Title]

[Department/Office]

[College/University Name]

[College Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request accommodations for my upcoming exams due to test anxiety. As a student at [College/University Name] majoring in [Your Major], I experience significant anxiety when undergoing testing conditions, which can negatively impact my performance and overall academic success.

To support my request, I have attached documentation from my healthcare provider that outlines my condition and the need for specific accommodations. I would appreciate the following adjustments during my exams:

- Extended time on all exams
- A separate setting to reduce anxiety-inducing stimuli
- Flexible scheduling options to take exams when I feel most prepared

These accommodations would greatly enhance my ability to demonstrate my knowledge and skills on assessments. I am committed to my studies and want to ensure that I can perform to the best of my abilities.

Thank you for considering my request. Please let me know if you require any additional information or documentation. I look forward to your response.

Sincerely,

[Your Name]

[Your Student ID Number]