

Michigan Merit Examination (MME)
Application for State-Allowed Accommodations – Spring 2010
RECEIPT DEADLINE: January 22, 2010

Important NOTE: Do NOT use this form to request ACT-Approved Accommodations. Complete this form ONLY for a student who does not meet ACT's eligibility requirements or whose request for ACT-Approved Accommodations has been denied by ACT. Scores earned with State-Allowed Accommodations will be used for state assessment purposes, but will NOT be reported to colleges, scholarship agencies, or any other entities.

This form is to be completed by a school official, such as counselor, special education teacher, or principal.

A. STUDENT INFORMATION (Please print clearly.)

Student Name (Last, First, M.I.) _____ Date of Birth (Mo/Day/Yr) _____ State-Assigned Student ID (SASID) Number _____

Student Street Address or PO Box _____ City _____ State _____ Zip Code _____

Name of High School the Student Attends and Where the Student Will Test _____ ACT High School Code (required) _____

Name of Home High School (**only** if different from the school the student attends) _____ ACT High School Code (required) _____

B. TEST FORMAT REQUESTED. Check only one. All test booklets, including large type, and all answer folders are printed in English. (Braille, if applicable, is normally an ACT-Approved Accommodation. If a student needs Braille in addition to other State-Allowed Accommodations, please call ACT at 800/553-6244, ext. 1788 before completing this application.)

English Formats

Printed Booklet

- (01) Regular Type (10-point)
 (02) Large Type (18-point)

Cassettes

- (04) with Regular Type
 (05) with Large Type

Reader's Script

- (07) with Regular Type
 (08) with Large Type

English Formats (cont'd)

Audio DVDs

- (DA) with Regular Type
 (DD) with Large Type

Video English

- (DG) DVD with Regular Type
 (DH) DVD with Large Type

Spanish Formats

Video/Audio DVD

- (DB) DVD with Regular Type
 (DE) DVD with Large Type

Arabic Formats

Video/Audio DVD

- (DC) DVD with Regular Type
 (DF) DVD with Large Type

C. SCHOOL OFFICIAL'S SIGNATURE (required). *I affirm the student named on this form attends this school. I have explained to the student and the student's parent/guardian that scores earned with State-Allowed Accommodations will be reported **ONLY** for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities.*

 School Official's Signature (may not be a relative of the student)

 Print Official's Name and Title

D. STUDENT AND PARENT SIGNATURES (required). *I understand that scores earned with State-Allowed Accommodations will be reported **ONLY** for state assessment purposes and will **not** be reported to colleges, scholarship agencies, or any other entities. I understand that the student's notification of scores will be sent to the high school in late summer.*

 Student's signature (**required** if 18 or older)

 Parent/legal guardian signature (**required** if student is under 18)

 Date

NOTE: School official may sign for parent/legal guardian if verbal acknowledgement has been obtained by phone.

SUBMITTING THE APPLICATION. Incomplete or unsigned forms will not be processed. The request **must** be submitted with a signed Test Accommodations Coordinator Header. Address all requests from your school as a group to: ACT State Test Accommodations - March, 301 ACT Drive, PO Box 4071, Iowa City, IA 52243-4071. All submissions must be **received** at ACT by **January 22, 2010**. (Keep a photocopy for your files.)

