



Accommodation Request Form

Dear Student,

This form must be filled out accurately and completely, and turned in to the Dean of Students along with the proper documentation to ensure timely processing of your request. Upon approval of accommodations you will be provided an accommodation request letter to give to each of your instructors. It is your responsibility to give this accommodation request letter to each of your instructors and discuss your individual academic needs with him/her. *Accommodations DO NOT carry over into the next semester.* This form must be turned in to the Dean of Students, each semester in order for accommodation letters to be created.

Student Name: _____

Student ID#: _____ - _____ - _____

Please initial the accommodations you are requesting.

REQUESTED

APPROVED

_____	_____	Assistance in acquiring books from Recording for the Blind and Dyslexic, or the Talking Book Program.
_____	_____	Instructor to type all tests and other handouts in large font.
_____	_____	Instructor to print all tests and other handouts on colored paper (Available in the Counseling Center)
_____	_____	Allow student to use tape recorder for instructional material.
_____	_____	Reader
_____	_____	Allow student to take exams in the Testing Center
_____	_____	Allow student extra time on exams
_____	_____	Volunteer note taker
_____	_____	Sign language interpreter
_____	_____	Use of auxiliary/assistive devices: _____
_____	_____	Preferential seating: _____
_____	_____	Other: _____



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I am requesting accommodations in the following classes.

Instructor's Name: _____ Course # _____ Section # _____

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Accommodations are effective upon receipt of a letter to the instructors signed by the Dean of Students. By signing this form, you have given the Student Services staff permission to disclose your status as a student with a disability/ies.

Student Signature

Date

Semester