



Request for Academic Accommodations

Name _____ Student ID# _____

Address _____ Phone _____
(Street)

_____ Email _____
(City) (State) (Zip)

Campus _____ Full-Time Y N

Online Y N

Major _____ Vocational Rehab Y N

If yes, counselors name and number

Minor _____

Advisor _____ Have you ever served
in the U.S. Armed Forces Y N

Notes/Medication/Additional Information _____

The following section is to be completed by the Site Director or Designee

Medical Documentation Received

_____ (Date) _____ (Source)

Accommodations Requested

In Class:

- Preferential seating in class: _____
- Copies of lecture notes, outline, or powerpoint
- Peer notetaker: _____ Photocopied _____ typed/printed
- Advance notice for written assignments and papers
- May need extra time for assignments, papers and projects. This time is to be negotiated on a case-by-case basis between the instructor and the student.
- Give homework assignments in written format or at the beginning of class
- Reader for assignments: _____ in-class _____ out-of-class
- Do not call on student unless s/he raises his/her hand
- Excuse occasional absences for medical reasons
- Allow extra breaks from class: _____ (frequency/length)
- Student may use a service animal

Technology/Equipment:

- Use of computer for long in-class assignments
- Use of computer for notetaking
- Use of calculator for math related courses and tests
- May tape-record classes
- CART or other transcription service
- Textbooks in alternative format on request
- Other assistive technology _____

Testing:

- May need extended time for testing _____ time and a half _____ double _____ other
- May test in a distraction reduced environment
- Use of computer for testing _____ objective _____ essay _____ other
- Reader for tests
- Typist/scribe for tests

Other accommodations: _____

- I agree with the above accommodations
- I understand that it is my responsibility to ask my professors if he/she has received my notice of accommodation.

(Student signature)

(Date)