

REQUEST FOR ACADEMIC ACCOMMODATIONS

Date: _____ Semester: _____

Name: _____ Student ID#: _____

Cell Phone: _____ E-Mail _____

Accommodations Requested:

NOTE: Documentation of the disability from an appropriate professional (e.g. psychologist, medical doctor) must be submitted before accommodations request can be considered.

Extended time for tests (double time) Test Reader/Scribe

Peer Notes for the following classes: (Face-to-Face classes only. Must attend class to receive notes.).

Electronic textbooks for the following classes: (Reading software not provided. Students without text-to-audio feature on computers can access free reading app at naturalreaders.com): Electronic texts will be requested from the publisher. Students must provide a USB for downloading the text.

Other - specify: _____

I hereby request the accommodations indicated above and authorize the Learning Support Services department to release information from my file to my instructors as necessary to establish and implement appropriate academic accommodations.

Student's Signature _____

Click here to submit form

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FOR OFFICE USE ONLY – DO NOT COMPLETE

Date Application Received: _____ Date Documentation Complete: _____

Application: approved denied pending Notice due: _____; notice sent: _____
(Due 14 days after documentation complete)

Reason: _____

Appeal due date: _____ Appeal received date: _____
(Due 14 days after notice received by applicant)

Date of Implementation: _____ Follow-up letter due: _____; letter sent _____
(Due 10 days after date implemented)

Comments received date: _____ Satisfied Adjustments needed: _____

Director, Learning Support Services

Date