

SEMESTER REQUEST FOR ACCOMMODATIONS

Class Status (Circle): FR SOPH JR SR GRAD **Regional Center (if applicable):** _____

Today's Date: _____

Student's Name

I.D. Number

FALL/SPRING/SUMMER / / 20

Home Mailing Address

City, State, Zip

(_____)
Cell Phone

Major or Program

Email Address

YOU MUST ACCOUNT FOR EACH REGISTERED CLASS

Course # (e.g. ENGL111 07)	Course Name (e.g. Freshman Writing)	Instructor (First & Last Name)	Accommodations (For Office Use Only)	
			<input type="checkbox"/> Extended time on exams	<input type="checkbox"/> Scribes for exam
			<input type="checkbox"/> Extended time for in-class writing assignments	<input type="checkbox"/> Oral exams
			<input type="checkbox"/> Exams proctored in the LEC	<input type="checkbox"/> Sign Language/Oral Interpreters
			<input type="checkbox"/> Readers for non-text material (articles, exams, etc.)	<input type="checkbox"/> Captionists
			<input type="checkbox"/> Housing accommodation	<input type="checkbox"/> Notetakers
			<input type="checkbox"/> Chapel accommodations	<input type="checkbox"/> Tape recorded classroom lectures
			<input type="checkbox"/> Service animal	<input type="checkbox"/> Priority registration
			<input type="checkbox"/> _____	

Additional Notes: Graduate, professional, or students at Regional Center Locations are encouraged to add their program directors or department chairs on this Semester Request for Accommodations form.

Signature indicates student's permission for the LEC to send the Accommodation Memo via email to identified faculty, program directors, or department chairs.

Student's Signature

Date

Received by:

Date