**Semester Request for Accommodations**

\*In order for your services to be provided in a timely basis this form must be submitted to the office of Disability Services at least **2 to 4 weeks prior** to the start of the semester.

Today’s Date: \_\_\_ /\_\_\_ /\_\_\_ Circle Term: Fall / Spring / Summer

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Approved Accomodations** | **Requesting a change** | **Office Approval** |
| Testing with Extended Time |  |  |  |
| Alternative Environment for exams and quizzes |  |  |  |
| Testing with a computer for essay exams |  |  |  |
| Testing with a 4-function calculator |  |  |  |
| Testing with Kurzweil Reader |  |  |  |
| Testing with a scribe |  |  |  |
| Testing with: (Circle those that apply)  Breaks; music; noise-cancelling headphones; white noise |  |  |  |
| Textbooks in electronic format  **A copy of the receipt for each textbook must be provided before receiving the electronic file.** |  |  |  |
| Voice Recorder for recording class lecture |  |  |  |
| Note Taker |  |  |  |
| Attendance Modification |  |  |  |
| Preferred Seating |  |  |  |
| Print Enlargements |  |  |  |
| **Other: (Please be specific)** |  |  |  |

**\*Were you denied access to your accommodations in the classroom for any reason?** Yes No

If yes, please explain

**\*Have you returned any equipment received for the previous semester?** Yes No

**I understand that by failing to submit the Semester Request for Academic Accommodations form prior to the start of each semester the result may be in a delay of services.**

Student Signature Date