

DANVILLE AREA COMMUNITY COLLEGE

Office of Disability Services

Semester Request for Accommodations

Student Name: _____

Student ID: _____

Email Address: _____

Semester/Academic Year: _____

Section 1: Acknowledgment

Please review and acknowledge the following statements:

- ☐ I understand that a continuation of accommodations must be requested each semester.
- ☐ I understand that accommodations apply only to the courses identified below
- ☐ I understand that **I am responsible for communicating with my instructors** and following established procedures for using my accommodations.
- ☐ I understand that some accommodations may require additional coordination or advance notice.

Section 2: Accommodations

Below is a list of accommodations. Select only the accommodations you have been approved for and plan to use this semester. If you have selected an accommodation that you have not been approved for a review will be completed and a determination will be emailed to you.

Testing/Assessment Accommodations

- ☐ Extended exam time
- ☐ Reduced-distraction testing environment
- ☐ Use of assistive technology for exams (reader, calculator, computer for written essay)
- ☐ Breaks during exams
- ☐ Music, noise-cancelling headphone, or white noise
- ☐ Other (please specify) _____

Classroom/Instructional Accommodations

- ☐ Note-Taking
- ☐ Permission to audio record lectures
- ☐ Access to slides or lecture materials
- ☐ Preferential Seating
- ☐ Flexible Attendance (when disability-related)
- ☐ Other (please specify) _____

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Section 3: Course Specific Accommodations (Optional but recommended)

☐ I would like the selected accommodations to be sent to all my course instructors.

If you wish to specify accommodations for particular courses, please complete the table below. Otherwise, the accommodations selected and notices will be sent to all your courses/instructors.

Course	Accommodation Requested

Student 4: Student Certification

Students who choose to not submit a Semester Request Form are exercising their right not to disclose or activate accommodations for that semester. This choice is respected, and confidentiality is maintained by the Office of Disability Services. Accommodations are implemented only when requested and approved.

By submitting this form, I confirm that the information provided is accurate and that I am requesting the selected accommodations for the courses listed above.

Student Signature (Typed Name): _____

Date: _____

Please Note: Non-Retroactivity- Approved accommodations are not retroactive and apply only from the date of the approval forward.

Accessibility Services Office Use Only

- Reviewed by: _____
- Date: _____
- Notes: _____

