

## A Campus of the California State University Disability Services Office

Laboratory Building 110 \*ph: (707)654-1283 \*fax: (707)654-1159

## **Request for Test/Course Accommodations**

Student Name:		Date:	ID #:	
Phone #:		For Semester:		
Email:		Off-Campus Address:		
Student Mailbox #:		•		
Return form to Disability Service Office Lab 110				
Course Title/Number: Instructo			Meeting Days/Times:	
Example: English 112-American Lit. Dr. San		a Gonzales	MWF 4-5:30pm	
1				
2				
3				
4				
5				
6				
7				
NOTE: This form must be (RE)submitted each semester.				
Test/Course Accommodations Requested (check all that apply):				
[ ] Additional Testing Time (time and a half) [ ] Test Environment: Quiet/Separate [ ] Spelling: spell check, dictionary, use of computer aid [ ] Calculator [ ] Use of Tape/Digital Audio Recorder [ ] Access to instructor supplemental class notes [ ] Alternative Media Text [ ] Other (please specify):  **Accommodations must be requested and confirmed:  • for a quiz/exams, notify the professor and DSO at least five (5) business days before the quiz/exam; • for a final exam, notify the professor and DSO at least ten (10) business days before the exam.  I have read and understood the requirements for advance quiz/exam scheduling and the Legal Guide and Procedural Manual for Faculty and Students.    Signature   Date				
Signature:				
ApprovedNot	Approved	Date Completed:		

FORM 102 Updated: 11/19/2013