

### Accommodation Request for Returning Students Only

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

Semester Request:     Fall                       Spring                       Summer Session

**Check the Accommodations Needed for each course.**

*(Only select accommodations that you are qualified to receive.)*

Course Name: \_\_\_\_\_ Instructor: \_\_\_\_\_

Course & Section Number: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adapted Furniture   | <input type="checkbox"/> Disability Service Liaison        | <input type="checkbox"/> Special Advising                     |
| <input type="checkbox"/> Arm Rest Device   | <input type="checkbox"/> Electronic Format<br>Textbooks    | <input type="checkbox"/> Telecommunication Device<br>for Deaf |
| <input type="checkbox"/> Assistive Listening Devices<br>or Systems                         | <input type="checkbox"/> Enlargement of Course<br>Material | <input type="checkbox"/> Test – Distract-Free<br>Environment  |
| <input type="checkbox"/> Audio Recording Class   | <input type="checkbox"/> Full Time Status Flexibility      | <input type="checkbox"/> Test – Extended Time                 |
| <input type="checkbox"/> Braille   | <input type="checkbox"/> Instructor Letters                | <input type="checkbox"/> Test Reader                          |
| <input type="checkbox"/> CCTC (Print Magnification)  | <input type="checkbox"/> Notetaker                         | <input type="checkbox"/> Test Scribe                          |
| <input type="checkbox"/> Captioning (Closed-Caption<br>Televisions and Projector<br>Units) | <input type="checkbox"/> Preferred Seating                 | <input type="checkbox"/> Test Taped                           |
| <input type="checkbox"/> Course Substitution or<br>Waiver                                  | <input type="checkbox"/> Priority Registration             | <input type="checkbox"/> Text-to-Speech Software              |
|  | <input type="checkbox"/> Reaching Device for Library       |   |
|  | <input type="checkbox"/> Sign-Language Interpreter         |   |

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| <input type="checkbox"/> Assistive Listening Devices or Systems                      | <input type="checkbox"/> Enlargement of Course Material | <input type="checkbox"/> Test – Distract-Free Environment  |
| <input type="checkbox"/> Audio Recording Class                                       | <input type="checkbox"/> Full Time Status Flexibility   | <input type="checkbox"/> Test – Extended Time              |
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