Disability Support Services ACCOMMODATION REQUEST FORM

| Name: | | Date: | |
|---------------|-------------------|---|--|
| Phone: | | Box: | |
| Name of Class | Name of Professor | Accommodations your are requesting | |
| 1. | | [] Extra time on tests & quizzes [] Tests in a separate room [] No spelling penalties on in-class work [] Word processing of tests [] Student may tape record the lectures [] Other: | |
| 2. | | [] Extra time on tests & quizzes [] Tests in a separate room [] No spelling penalties on in-class work [] Word processing of tests [] Student may tape record the lectures [] Other: | |
| 3. | | [] Extra time on tests & quizzes [] Tests in a separate room [] No spelling penalties on in-class work [] Word processing of tests [] Student may tape record the lectures [] Other: | |
| 4. | | [] Extra time on tests & quizzes [] Tests in a separate room [] No spelling penalties on in-class work [] Word processing of tests [] Student may tape record the lectures [] Other: | |
| 5. | | [] Extra time on tests & quizzes [] Tests in a separate room [] No spelling penalties on in-class work [] Word processing of tests [] Student may tape record the lectures [] Other: | |