

Accommodations Request for Returning Students Only

Students: Fill out this form entirely each semester that you are requesting accommodations.

Note: If you are requesting a change in accommodations, you will need to meet with the Director or Asst. Director.

Student Name: _____ **E-Mail:** _____

Semester: _____ **Year:** _____

Are you graduating at the end of the spring 2013 semester? (Write Yes or No): _____

Course: _____	Instructor: _____
Classroom Accommodations:	

Testing Accommodations:	
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Course: _____	Instructor: _____
Classroom Accommodations:	

Testing Accommodations:	
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Course: _____	Instructor: _____
Classroom Accommodations:	

Testing Accommodations:	
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Course: _____	Instructor: _____
Classroom Accommodations:	

Testing Accommodations:	
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Course: _____	Instructor: _____
Classroom Accommodations:	

Testing Accommodations:	
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PRAXIS or other standardized test this semester? Yes No

Foreign Language Appeal? Yes No

Reduced Course Load? Yes No

Staff Who Responded: _____	Date: _____
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