### Change in Request for Accommodations

**Quarter:**  
- Summer  
- Fall  
- Winter  
- Spring  
**Year:** 200__

**Student:** ______________  
**ID #:** ____________ - ________ - ____________

#### Add Accommodations

<table>
<thead>
<tr>
<th>ITEM NUMBER</th>
<th>COURSE ABBREV</th>
<th>COURSE NUMBER</th>
<th>SECTION</th>
<th>CR. HRS.</th>
<th>BLDG. &amp; ROOM #</th>
<th>DAYS</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>6</td>
<td>1</td>
<td>ENG</td>
<td>101</td>
<td>01</td>
<td>X</td>
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<td></td>
<td></td>
<td>CC 211</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

- **8:45-10:00 A.M.**  
  - A.M.  
  - P.M.  

#### Drop Accommodations

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<tr>
<th>ITEM NUMBER</th>
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</tbody>
</table>

- **8:45-10:00 A.M.**  
  - A.M.  
  - P.M.  

### See Corresponding Accommodations Below:

1 = test accommodations (in comments section, please specify if requesting a scribe and/or reader while testing)  
2 = note taker  
3 = text on tape  
4 = adaptive equipment / assistive technology (in comments section, please specify equipment or technology requesting i.e. tape recorder, orthopedic chair, etc.)  
5 = interpreter  
6 = other (in comments section, please specify)

#### Comments:

______________________________

### Important Note:

Before you may receive an accommodation, it must be requested AND APPROVED by the DSS Advisor in the form of a Letter of Accommodation. Reasonable accommodations will be determined based on student’s disability documentation and substantial limitations.

**Student’s Signature:** ______________________________  
**Date:** ______________________________

**Office Use Only:**  
- Received ______________________________  
- Processed ______________________________  
- 12/08/03 (AH)