A Campus of The California State University

Disability Services Office
Laboratory Building 102
scase@csum.edu
Telephone: (707) 654-1561 Fax: (707) 654-1159

Request for Test/Course Accommodations

<table>
<thead>
<tr>
<th>Student Information:</th>
<th>Semester: _____________________</th>
<th>Date: _______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________</td>
<td>Student ID#: _________________</td>
<td></td>
</tr>
<tr>
<td>Phone #: _____________________</td>
<td>E-mail: ______________________</td>
<td></td>
</tr>
<tr>
<td>Off-Campus Address: ______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Mailbox #: __________________</td>
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</tbody>
</table>

Student’s Course Schedule:

<table>
<thead>
<tr>
<th>Course Title/Number</th>
<th>Instructor</th>
<th>Meeting Days/Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td></td>
<td></td>
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<tr>
<td>English 112 - American Literature</td>
<td>Dr. Sandra Gonzales</td>
<td>MWF 4-5:30PM</td>
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</tbody>
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1)  
2)  
3)  
4)  
5)  
6)  
7)  

Return this form to the Disability Services Office. This form **MUST** be RE-submitted each semester.
Test/Course Accommodations Requested: (check all that apply)

- Additional Testing Time: Time & A Half
- Test Environment: Reduced Distraction
- Spelling: Spell Check/Dictionary/Use of Computer Aid
- Use of Calculator
- Use of Tape/Digital Audio Recorder
- Use of a Laptop
- Notetaker
- Alternative Media Text-(requires 4 weeks advance notice & receipt of purchase)

Other - Please Specify: 


Accommodations must be requested and confirmed.

I have read and understood the requirements for advance/quiz exam scheduling.

For a quiz/exam - Notify the Professor & the Disability Services Office AT LEAST 3 days (business/school days) before the quiz/exam

For a final exam - Notify the Professor & the Disability Services Office AT LEAST 5 days (business/school days) before the final exam

_________________________________  _______________________
Student’s Signature  Date