



A Campus of The California State University

Disability Services Office

Laboratory Building 102

scase@csu.edu

Telephone: (707) 654-1561 Fax: (707) 654-1159

Request for Test/Course Accommodations

Student Information:	Semester: _____	Date: _____
Name: _____	Student ID#: _____	
Phone #: _____	E-mail: _____	
Off-Campus Address: _____		
Student Mailbox #: _____		

Student's Course Schedule:		
Course Title/Number	Instructor	Meeting Days/Times
Example: English 112 - American Literature	Dr. Sandra Gonzales	MWF 4-5:30PM
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