

Western Oregon University  
Office of Disability Services  
Request to add or alter approved accommodations

Name: \_\_\_\_\_ Date: \_\_\_\_\_

V#: \_\_\_\_\_

Additional accommodations requested or alteration request to currently approved accommodations:

Notetaker \_\_\_\_\_  
Sign Language Interpreter \_\_\_\_\_  
Typewell \_\_\_\_\_  
Testing accommodations \_\_\_\_\_  
    Extended time \_\_\_\_\_  
    1.5x \_\_\_\_\_  
    2.0 x \_\_\_\_\_  
Quiet Location  
Room Alone \_\_\_\_\_  
Reader \_\_\_\_\_  
Scribe \_\_\_\_\_  
Computer \_\_\_\_\_

Texts in alternate format \_\_\_\_\_  
    Audio \_\_\_\_\_  
    Braille \_\_\_\_\_  
    Other (be specific)  
\_\_\_\_\_

Classroom seating:  
    Chair \_\_\_\_\_  
        With arms \_\_\_\_\_  
        Without arms \_\_\_\_\_  
    Cushion seating \_\_\_\_\_  
    Chair with back support \_\_\_\_\_  
    Table \_\_\_\_\_  
    Other (be specific):  
\_\_\_\_\_

Reason for additional accommodation or alteration to currently approved accommodations (please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*If accommodations requested above are approved, such accommodations are eligible for use from the date approved and forward. Newly added accommodations cannot be retroactive to prior terms or classes\*\*\***

(Do not write below, for office use only)

Official Response

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_