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_____ Texts in alternate format_____
Sign Language Interpreter_____
Typewell_____
Testing accommodations_____
   Extended time_____ 
   1.5x_____
   2.0 x_____
   Quiet Location
   Room Alone_____
Reader_____ 
Scribe_____
Computer_____

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: ____________________________