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______
  Limited distraction room______
Reader______
Scribe______
Computer______
Texts in alternate format______
Audio______
Braille______
Other (be specific)______

Reason for additional accommodation or alteration in 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 Approved: ____________  Approved by: _________________________