



SOUTH PUGET SOUND COMMUNITY COLLEGE

ACCESS SERVICES

ACCOMMODATION REQUEST FORM

Quarter for which accommodations are being requested:

SUMMER FALL WINTER SPRING

Date Received

QTR:

Office Use Only

NAME: _____ STUDENT ID: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

LIST THE CLASSES FOR WHICH YOU NEED ACCOMMODATIONS *(please fill out completely):*

| ITEM # | COURSE ID | BLDG | RM | DAYS | TIME | INSTRUCTOR | ACCOMMODATIONS |
|----------------|-----------|------|-----|-------------|--------|------------|--|
| Sample 2352 | ENG 101 | 22 | 250 | M T W T H F | 9-9:50 | STAFF | Testing, Alternative furniture, Note taker, Sign Language Interpreter, other |
| | | | | | | | |
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If you are not receiving your approved accommodations, or if they unexpectedly stop, it is your responsibility to contact Access Services so we can address the issue as soon as possible.

- I understand that I must request accommodations **EVERY QUARTER** I am enrolled at SPSCC.
- I also understand that I am to request accommodations as soon as I am officially enrolled in classes. *(It can take up to two weeks to process accommodation requests.)*

X

Signature

Date

Office Use Only