



Accommodation Amendment Application

Students who require additional accommodations after **initial Intake Meeting or need additional services** must submit this form to the Disability Services office. This may include interpreting/captioning services, documents to be converted to large print or Braille and E-Text (receipts must be provided).

Semester Accommodation being requested: Fall _____ Spring _____ Mid-Semester 20 _____

Name: _____ Date: _____

ID #: _____ Telephone: _____

Email: _____

Class: _____ Instructor: _____

ISBN: _____ Title of Book: _____

Accommodation Amendment Request: _____

Reason for request: _____

Student Agreement

I understand the responsibility for obtaining reasonable accommodations in the classroom is mine.

I understand that I must meet with my Disability Services advisor prior to having these accommodations approved.

I understand that I must submit this form every time my communication facilitator needs change.

I understand that accommodation amendment implementation is subject to reasonable accommodation scheduling.

I agree to and understand the conditions stated above.

Student's Signature _____ Date _____