

Request to Add or Alter Approved Accommodations

Name: _____ V # _____ Date: _____

Additional or modified accommodations requested:

Alternative Testing Accommodations:

- Extended Time
 - 1.5x
 - 2.0x
- Quiet Location
- Room Alone
- Reader
- Scribe
- Computer

Accessible Furniture:

- Chair
 - With arms
 - Without arms
 - Cushion Seating
 - With back support
- Table
- Other (be specific):

Text in Alternate Format:

- Word
- Audio
- Braille

Other:

- Sonocent Audio-Notetaking
- Sign Language Interpreter
- Typewell
- Other (be specific)

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

*****Any approved 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:

- Schedule appointment with Malissa

Signature: _____

Date: _____