

Nunez Community College Disability Services Office

SEMESTER ACCOMMODATION REQUEST FORM

Semester Accommodations being requested: Fall Spring Summer 20_____

Name: _____ Date: _____

Student ID# _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell: _____ E-mail: _____

Disability: _____

Emergency contact Name: _____ Phone: _____

Did you receive accommodations last semester? Yes _____ No _____

Are you planning to return next semester? Yes _____ No _____ If transferring, where are
you going? _____

Student Agreement

- I understand the responsibility for obtaining reasonable accommodations in the classroom is mine.
- I understand if I am requesting new accommodations, I must meet with the Disability Services Coordinator prior to having these accommodations approved.
- I understand that Accommodation Letters should be given to my instructor at the beginning of the semester. Letters **must** be given to instructor prior to receiving accommodations. (**ACCOMMODATIONS ARE NOT RETROACTIVE.**)
- I understand that if I am testing in the Disability Services Office, a completed testing form signed by myself and my instructor must be submitted to the Disability Services Office three (3) days prior to each exam. I also understand that during finals, I am encouraged to have the testing request forms submitted at least one (1) week in advance.
- I understand that I am responsible for following the Disability Services Office policies and procedures outlined in the Disability Services Student Handbook and that failure to comply with these policies and procedures may result in my not receiving accommodations.
- I understand that if I request note taking services through the Disability Services Office, my e-mail address will be posted in the Note Taker Packet. (If this is a problem, please speak with your ODS advisor.)

I agree to and understand the conditions stated above.

Student's Signature: _____ Date: _____