ACADEMIC ACCOMMODATIONS REQUEST FORM

Seattle University Disabilities Services
Loyola Hall 100
Phone: (206)-296-5740
Fax: (206) 296- 5747
Testing Center: (206) 398-4378
www.seattleu.edu/SAS/DisabilityServices

☐ **FALL 2012**	☐ **WINTER 2013**	☐ **SPRING 2013**	☐ **SUMMER 2013**

Name *(Last)* *(First)*		**Student ID #:**
Class Status: ☐ FR ☐ SO ☐ JR ☐ SR ☐ GR ☐ OTHER:		**Major**:
Current Address:		
Today's Date:	**Email**:	**Phone**: ( )

☐ FULL-TIME EQUIVALENCY

INSTRUCTIONS: Please list courses as they are listed on official schedule, e.g. CMJR 235-02 Jones

CLASS 1:

(Course & Sec #)	*(Instructor)*
☐ SEND ACCOMMODATIONS LETTER TO PROFESSOR	☐ OTHER/COMMENT:
☐ NOTESHARING *(circle one)* Arrange Own Staff Arrange	
☐ INTERPRETER ☐ REALTIME CAPTIONING	

CLASS 2:

(Course & Sec #)	*(Instructor)*
☐ SEND ACCOMMODATIONS LETTER TO PROFESSOR	☐ OTHER/COMMENT:
☐ NOTESHARING *(circle one)* Arrange Own Staff Arrange	
☐ INTERPRETER ☐ REALTIME CAPTIONING ☐ VIDEO CAPTIONING	

CLASS 3:

(Course & Sec #)	*(Instructor)*
☐ SEND ACCOMMODATIONS LETTER TO PROFESSOR	☐ OTHER/COMMENT:
☐ NOTESHARING *(circle one)* Arrange Own Staff Arrange	
☐ INTERPRETER ☐ REALTIME CAPTIONING ☐ VIDEO CAPTIONING	

CLASS 4:

(Course & Sec #)	*(Instructor)*
☐ SEND ACCOMMODATIONS LETTER TO PROFESSOR	☐ OTHER/COMMENT:
☐ NOTESHARING *(circle one)* Arrange Own Staff Arrange	
☐ INTERPRETER ☐ REALTIME CAPTIONING ☐ VIDEO CAPTIONING	

CLASS 5:

(Course & Sec #)	*(Instructor)*
☐ SEND ACCOMMODATIONS LETTER TO PROFESSOR	☐ OTHER/COMMENT:
☐ NOTESHARING *(circle one)* Arrange Own Staff Arrange	
☐ INTERPRETER ☐ REALTIME CAPTIONING ☐ VIDEO CAPTIONING	

CLASS 6:

(Course & Sec #)	*(Instructor)*
☐ SEND ACCOMMODATIONS LETTER TO PROFESSOR	☐ OTHER/COMMENT:
☐ NOTESHARING *(circle one)* Arrange Own Staff Arrange	
☐ INTERPRETER ☐ REALTIME CAPTIONING ☐ VIDEO CAPTIONING	

FOR OFFICE USE:	**LETTER RECEIVED**:
	Accommodation Letter Sent:
	FTE Letter Sent: