

Semester Request for Services

Name: _____ Phone: _____ Date: _____

Email Address: _____

I am requesting the following services for the classes on my semester schedule.

(Course Schedule must be attached)

Testing Accommodations Extended Time Oral

Tape Record Interpreter Large Print -Font Size _____ None anticipated at this time

Other _____

This apply's to all of my classes Yes No

Exceptions: _____

Please mail the notifications out to my Professors. Yes No

I would like to deliver the notifications myself Yes No