**Academic Accommodations Request**

*Section 504 of the Rehabilitation Act of 1973* *and the American with Disabilities Act of 1990 (ADA) require students with disabilities at post-secondary institutions to identify themselves and their need for services to the institution. Disclosure of disability-related information is voluntary, but is required if a student is requesting accommodations.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GSC ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First MI Last*

What are your **academic** areas of concern?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the **academic** accommodations you are requesting:

🞏 Extended Time for Exams/Quizzes

🞏 Extended Time for In-Class Assignments

🞏 Reader for Exams

🞏 Writer for Exams

🞏 Isolated Test Taking

🞏 Objective Exams

🞏 Essay Exams

🞏 Oral Exams

🞏 Word Processor for Exams

🞏 Word Processor for Written Assignments

🞏 Word Processor for Notes

🞏 Note Taker

🞏 Recorded Lectures

🞏 Books in Alternative Format

🞏 Professor Facing Class

🞏 Preferential Seating

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What, if any, Assistive Technologies have you used in the past?

|  |  |  |
| --- | --- | --- |
| 🞏 Dragon Naturally Speaking | 🞏 Alternative Text Books / Readers | 🞏 ZoomText |
| 🞏 Scan & Read Technology | 🞏 Jaws | 🞏 Speech to Text Software |
| 🞏 Voice Recorder | 🞏 Smart Pen | 🞏 Other |

What types of Assistive Technologies do you think will create equal access to your academics? Explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything else that you feel is important and should be included when determining eligibility for academic accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms and Conditions Agreement**

By signing below, I acknowledge that the information I have provided in this application is accurate and true to the best of my knowledge. (Please initial by each statement and sign below.)

I understand that:

\_\_\_\_\_\_\_ I am responsible for abiding by GSC Policies & Procedures and the GSC Student Code of

Conduct.

\_\_\_\_\_\_\_ I must meet the standards set forth by my program of study and the courses that I am enrolled in.

\_\_\_\_\_\_\_ I understand that accommodations are not intended to alter standards or content of any course that I am enrolled in.

\_\_\_\_\_\_\_ I must notify the Accommodation and Accessibility Services Counselor in a timely fashion if I am experiencing unforeseen difficulties related to my disability.

\_\_\_\_\_\_\_ I understand that this information will be treated as confidential and used only for the purpose of determining eligibility providing academic or other accommodations, and the administration of accommodative services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation and Accessibility Services Counselor Signature Date