



## 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?

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Extended Time for Exams/Quizzes        | <input type="checkbox"/> Essay Exams                            | <input type="checkbox"/> Books in Alternative Format |
| <input type="checkbox"/> Extended Time for In-Class Assignments | <input type="checkbox"/> Oral Exams                             | <input type="checkbox"/> Professor Facing Class      |
| <input type="checkbox"/> Reader for Exams                       | <input type="checkbox"/> Word Processor for Exams               | <input type="checkbox"/> Preferential Seating        |
| <input type="checkbox"/> Writer for Exams                       | <input type="checkbox"/> Word Processor for Written Assignments | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Isolated Test Taking                   | <input type="checkbox"/> Word Processor for Notes               | _____  |
| <input type="checkbox"/> Objective Exams                        | <input type="checkbox"/> Note Taker                             | _____  |
|   | <input type="checkbox"/> Recorded Lectures                      |  |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Dragon Naturally Speaking | <input type="checkbox"/> Alternative Text Books / Readers | <input type="checkbox"/> ZoomText                |
| <input type="checkbox"/> Scan & Read Technology    | <input type="checkbox"/> Jaws                             | <input type="checkbox"/> Speech to Text Software |
| <input type="checkbox"/> Voice Recorder            | <input type="checkbox"/> Smart Pen                        | <input type="checkbox"/> Other                   |

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

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

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Please return completed forms to:

Academic Success Center  
Glenville State College  
200 High Street  
Glenville, West Virginia 26351



## 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.

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Student Signature

Date

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Accommodation and Accessibility Services Counselor Signature

Date

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