



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: _____ GSU ID: _____
First MI Last

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

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.

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

Please return completed forms to:
Academic Success Center
Glenville State University
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 GSU Policies & Procedures and the GSU 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 Advisor Signature

Date

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