



## ACADEMIC ACCOMMODATION AND SUPPORT SERVICE REQUEST SPRING TERM 2017

Name \_\_\_\_\_ Class \_\_\_\_\_

Campus box \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

# of credits this term \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

### INSTRUCTIONS FOR FALL 2017 SEMESTER:

- Please return this form to the AEO office in OLB 125 preferably by Tuesday, February 7, 2017 or as soon as you are aware of your need for accommodations and/or services. Please note: Academic accommodation request forms are accepted *throughout* the semester but accommodations are never retroactive.  
 I understand
- Please make sure you complete the form as legibly as possible. If there is incomplete information (i.e. missing first name of professor, section number, etc.), it will delay the completion of your official accommodation letter.  
 I understand
- You will receive a PDF copy of your accommodation letter for the current semester from the director with instructions on how to finalize your accommodations with your professors within seven (7) days of returning your form.  
 I understand
- IMPORTANT:** You must forward your accommodations letters to your professors and schedule a time to meet with them **IN PERSON** to discuss your accommodations.  
 I understand
- AEO does not send your accommodation letters to your professors.**  
 I understand
- REMEMBER:** We strongly encourage you not to wait until midterms, the end of the semester or right before your first exam to self-identify to your professors because it may be too late to make arrangements. It is better to be prepared for the possibility rather than to risk not receiving the accommodations for which you are eligible!  
 I understand
- All exam accommodations requests must be made in a timely manner at least 1 week in advance (5 business days). Final exams or exams scheduled during the last week of classes need to be scheduled at least 2 weeks in advance.  
 I understand

Please contact AEO to schedule an appointment with the director if:

- (1) You would like to update your accommodations or are in need of additional accommodations or services;
- (2) You would like assistance arranging your accommodations with your professor(s), and/or
- (3) You are dissatisfied with the effectiveness of your accommodations. We are here to support you and cannot if we are unaware that there is a new need, concern, or problem.

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Please indicate **course number AND section number**, your **instructor's full name**.

**COURSE/SECTION#**  
(Example: PSYC 105-51)

**INSTRUCTOR INFORMATION**  
(First AND Last name, legibly written or typed)

1. Course#/section# \_\_\_\_\_

Instructor \_\_\_\_\_

2. Course#/section# \_\_\_\_\_

Instructor \_\_\_\_\_

3. Course#/section# \_\_\_\_\_

Instructor \_\_\_\_\_

4. Course#/section# \_\_\_\_\_

Instructor \_\_\_\_\_

5. Course#/section# \_\_\_\_\_

Instructor \_\_\_\_\_

6. Course#/section# \_\_\_\_\_

Instructor \_\_\_\_\_

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### Accommodations and Support Services

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Please notify the Office for Accessibility and Educational Opportunity (AEO) if you ADD or DROP a course, or if adjustments need to be made to your accommodation plan during the semester.

Check the box if you would like to request a particular accommodation or support service.

Academic Coaching Support Services (who?) \_\_\_\_\_

**Exam Accommodations**

50% Extended Time

100% Extended Time

Use of Computer

Other \_\_\_\_\_

**Alternative Print Format (E-text, audio file, Braille, enlarged print, etc.)**

Which classes/What format? \_\_\_\_\_

**Classroom Accommodations**

- Notetaker Service (Which classes?) \_\_\_\_\_
- Use of FM system    Microphone    CART services    ASL interpreter
- Recording lecture (Note: You must be approved by AEO and ask permission from your professor)
- Classroom Relocation    Specialized Furnishings    Preferential Seating

**Staggered Deadlines (Note: Prior assessment and approval by AEO required)**

**Advance Reading List and Notice of Assignments**

**Chronic Health Impairment Advisory for Professors/Dean of Studies Office**

**Class, Lab or Library Mobility Assistant**

**Course Advisement for Next Semester** (Please call AEO to set up an appointment during PRE-REGISTRATION period with MaryJo Cavanaugh, director. This does NOT replace your meeting with your pre- or major academic advisor.)

**Other (e.g. computer for notetaking; reduced course load, foreign culture substitution, etc.)**

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## Release of Information

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Date: \_\_\_\_\_ I, (please print name) \_\_\_\_\_, authorize the Office for Accessibility and Educational Opportunity (AEO) to verify my need for academic accommodations and services. I understand that information about my disability will only be used for the purpose of enabling Vassar College to provide me with supportive, academic and other services related to my disability.

Yes, please include my diagnosis of \_\_\_\_\_.

No, please simply state that I have a documented disability and am registered with the Office for Accessibility and Educational Opportunity (AEO). Do not include the nature of my diagnosis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Is there any additional information that you would like included in your accommodation letter? Please provide it below:

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