ACADEMIC ACCOMMODATION AND SUPPORT SERVICE REQUEST SPRING TERM 2018

DUE DATE: FEB 6, 2018 (see below *)

	Name	Class		
	V 15 #			
	Vassar ID #			
	Campus box Cell #	Email		
	44 of any discostic source			
	# of credits this term Academic Advisor:			
•	Request forms are accepted throughout the semester, but (end of the Add period).	we strongly encourage submission by the above date		
	INSTRUCTIONS: Please read and initial the following statements			
1.	Please note: Academic accommodation request forms are accepted the I understand	roughout the semester but accommodations are never retroactive.		
2.	2. Please make sure you complete the form as legibly as possible. If there section number, etc.), it will delay the completion of your official accomm			
	I understand			
3.	You will receive a PDF copy of your accommodation letter for the curre your accommodations with your professors within seven (7) days of return the current of the cur			
	I understand			
4.	 IMPORTANT: You must forward your accommodation letter to your pro- discuss your accommodations. 	ofessors and schedule a time to meet with them IN PERSON to		
	I understand			
5.				
	I understand			
6.	6. REMEMBER: We strongly encourage you not to wait until midterms, th	e end of the semester or right before your first exam to self-		
	identify to your professors because it may be too late to make arrangen			
	risk not receiving the accommodations for which you are eligible!			
	I understand			
7.	7. 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 I understand	at least 3 weeks in advance.		
Please contact AEO to schedule an appointment with the director if:				
(1)	(1) You would like to update your accommodations or are in need of addition	onal accommodations or services;		
(2)	(2) You would like assistance arranging your accommodations with your pr	ofessor(s);		
(3)	(3) You are dissatisfied with the effectiveness of your accommodations. We a new need, concern, or problem.	e are here to support you and cannot if we are unaware that there is		

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 v		/ped)
Course/Section #	Instructor		_
Course/Section #	Instructor		_
Course/Section #	Instructor		_
Course/Section #	Instructor		_
Course/Section #	Instructor		_
Course/Section #	Instructor		_
Please notify the Office for Accessibility and Education made to your accommodation plan during the semester Check the box if you would like to request a particular a	,	a course, o	or adjustments need to be
☐ Academic Coaching Support Service	es (who?)		
☐ Exam Accommodations			
	100% Extended Time	Use of	Computer
Alternative Print Format (E-text, aud Which classes/What format?	dio file, Braille, enlarged print, etc.)		-

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.)
Release of Information
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: