

ACADEMIC ACCOMMODATION AND SUPPORT SERVICE REQUEST
FALL TERM 2018

Name _____ Class _____

Chosen Name, if different _____ Pronoun _____

Vassar ID # _____

Email _____

of credits this term _____ Academic Advisor: _____

- ***Request forms are accepted throughout the semester, but we strongly encourage submission as early in the semester as possible.***

INSTRUCTIONS: Please read and initial the following statements

1. Please note: Academic accommodation request forms are accepted *throughout the* semester but accommodations are never retroactive.
_____ I understand
2. 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
3. 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
4. **IMPORTANT:** You must forward your accommodation letter to your professors and schedule a time to meet with them **IN PERSON** to discuss your accommodations.
_____ I understand
5. **AEO does not send your accommodation letters to your professors, except under extenuating circumstances.**
_____ I understand
6. **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
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 at least 3 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);
- (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.

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)

Course/Section # _____ Instructor _____

Course/Section # _____ Instructor _____

Course/Section # _____ Instructor _____

Course/Section # _____ Instructor _____

Course/Section # _____ Instructor _____

Course/Section # _____ Instructor _____

Accommodations and Support Services

Please notify the Office for Accessibility and Educational Opportunity (AEO) if you ADD or DROP a course, or 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.

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.)

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: