

# REQUEST FOR ACCOMMODATION LETTERS

## DISABILITY SUPPORT OFFICE - SOUTHERN UTAH UNIVERSITY

Student's Name \_\_\_\_\_ T-Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Semester/Year:  Fall  Spring  Summer 20 \_\_\_\_ Phone No. \_\_\_\_\_

<b>Course Number</b> <i>Example: UNIV 1000-03</i>	<b>Course Title</b> <i>Example: First Year Seminar</i>	<b>Instructor's Name</b>

**NOTE:** It is the student's responsibility to pick up their letter(s) in the Disability Support Office.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**The ADA Coordinator will complete the following:**

<input type="checkbox"/> "Time and a Half" for Exams	<input type="checkbox"/> Notetaker in Class	<input type="checkbox"/> "Double Time" for Exams
<input type="checkbox"/> Isolated Exam Space	<input type="checkbox"/> Books in an Alternate Format	
<input type="checkbox"/> Distraction-Reduced Exam Space	<input type="checkbox"/> Use of an Audio Recorder in the Classroom	
<input type="checkbox"/> Other:		

Signature of Coordinator \_\_\_\_\_ Date \_\_\_\_\_