

(785) 670-1629 student-services@washburn.edu

SERVICE REQUEST FORM SUMMER 2012

OFFICE USE ONLY Received: PACKET P/U DATE:				
	Added to SWD List 1 2 3			

Please complete and return to the Student Services Office. When your accommodation forms are ready to be picked up, you will be notified by email.

ready to be picked up, you will t	oc nothica by cman.				
Name			SSN or WIN		
(First)	(MI)	(Last)			
Address	Street Address		Home Phone		
City Washburn Email	State	Zip	Work Phone		
Washburn Email		<u>@washburn.edu</u>	Cell Phone		
□ I plan to live on campus □I hav		cal/practicum/interns ice is needed to provide ac			
Гуре of Disability		VR Counselor WU Advisor			
Degree Major		WU Advisor			
Accommodation requests must l	be submitted at least	two months prior to	o date services should begin.		
1. Permission to Tape Record	d Lectures 9.	Test Accommodation	ons		
2. In-Class Notetaker		Extended Test Time			
3. Sign Language Interpreter		Distraction-Reduced Environment			
4. Brailled Items Test Reader/Scribe					
5. Large Print for Syllabi, 10. Assistive Technology (training required)					
Quizzes/Tests, Handouts OPENBook Reader					
6. Table and/or Chair in Classroom Zoomtext (Screen Magnifier)					
7. Texts in Alternate Format	(must provide Alternate	JAWS (Scre	een Reader)		
Form for each text 3-4 weeks in a	dvance of your need).	Use of CCTV	V		
8. Other	•				
Please list each course for which	you are requesting a	accommodations.			
*Summer sessions: <u>E=Early</u> 5/29/			12 <u>L=Late</u> 7/2/12-8/2/12		
	ne Bldg/Rm#				
*					
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I know it is my responsibility to make	e an appointment with ea	ach of my instructors a	nd to discuss my accommodation		
requests. If I am having difficulty wi					
it is my responsibility to notify Stude		~ ·	,		
	•				
Student Signature		Date			
For office use only:	N DAT DF DB DL D	E Date ema	ailed		
Staff Signature Da	te				
L					