

Accommodation Request Form

Sem _____ Year _____

Last	Middle	First		
Current Mailing Address		City	State	Zip Code
Telephone Number	WIN	Official Washburn email		
I plan to live on campus		I have an off-campus clinical/practicum/internship for the upcoming semester		
WU Advisor:		VR Counselor:		
<input type="checkbox"/> Academic Accommodations (check all that apply) <input type="checkbox"/> Permission to Tape Record Lectures <input type="checkbox"/> In-Class Notetaker <input type="checkbox"/> Sign Language Interpreter (our office will provide) <input type="checkbox"/> Real-Time Captioning (our office will provide) <input type="checkbox"/> Large Print <input type="checkbox"/> Table and Chair in Classroom <input type="checkbox"/> Assistive Technology (training required) <input type="checkbox"/> Textbooks in Alternate Format (Must provide an Alternate Format Form for each textbook 3-4 weeks in advance of your need) <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Test Accommodations: <input type="checkbox"/> Extended Test Time <input type="checkbox"/> Distraction-Reduced Environment <input type="checkbox"/> Test Reader <input type="checkbox"/> Test Scribe <input type="checkbox"/> Other: _____		<input type="checkbox"/> Program Accommodations (check all that apply) <input type="checkbox"/> Accessible Classroom Building _____ Room _____ Building _____ Room _____ <input type="checkbox"/> Accessible Residential Living <input type="checkbox"/> Service Animal (Request Service Animal Agreement) Building _____ Emotional <input type="checkbox"/> Support Animal (Request Assistance Animal Contract) Building _____		
PLEASE CHECK ONLY ONE:				
<input type="checkbox"/> I request the above accommodations for all courses enrolled in during the Fall/Spring/Summer semester. (circle one). <input type="checkbox"/> I request the above accommodations for the following courses enrolled in during the semester (please specify courses): 				
<p><u>I understand it is my responsibility to make an appointment with each of my instructors and to discuss my accommodations requests. If I am having difficulty with accommodations or I am changing my schedule, it is my responsibility to notify staff with The University Diversity & Inclusion office as soon as possible.</u></p>				
Student Signature: _____		Date: _____		