



STATE UNIVERSITY OF NEW YORK

Accessibility Services
Technology Center, Room 8150
845-574-4541

SEMESTER ACCOMMODATION REQUEST FORM

Semester Accommodations for (one only): Fall ___ Spring ___ Summer ___ Winter ___ 20___

Date: _____

NAME: _____ Student ID #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Phone # _____ Cell # _____

Email: _____

Disability: _____

In case of Emergency, who may we contact?

Name: _____ Phone# _____

Did you receive accommodations last semester? Yes ___ No ___

Are you planning to return next semester? Yes ___ No ___

If transferring, where are you going? _____

All accommodation requests must be supported by your disability documentation on file with the Office of Accessibility Services. In addition to this form being complete, an official copy of student semester schedule must be provided to AS. If any of the mentioned is missing, your request will be incomplete. PLEASE NOTE: Incomplete requests will not be processed.

***** PLEASE SIGN HERE WHEN ACCOMMODATION LETTERS ARE RECEIVED*****

NAME _____

DATE ___/___/___



Student Agreement

I, _____ understand and agree to the following:

- 1) The responsibility for obtaining reasonable accommodations in the classroom is mine; if I need assistance, I will contact Accessibility Services (AS).
- 2) The reasonable accommodations that are available to me are only those specified in the documentation provided to AS (the psycho educational evaluation, vocational evaluation, etc.)
- 3) If I require extended time for an examination, I will arrange it with the instructor prior to each test. If the instructor cannot provide extended time, I will have the instructor complete the Test Proctoring Agreement and contact Accessibility Services, in Room 8150 at 845-574-4541, for proctoring service at least 3 days prior to the exam.
- 4) At the start of each semester, I will contact the AS to complete an accommodation request for accommodation letters to my instructor. I will deliver the accommodation letters to the instructors and discuss my accommodation plan with them.
- 5) If the reasonable accommodations are not being met as stated in the accommodation letters, I will contact AS as soon as possible.

Student Signature

Date