

Course Accommodation
Confidential

Student name: _____

Course number and title _____

Term and Academic year _____

Based on documentation of disability on file in the office of the Registrar, I require the following accommodation(s):

- Extended time on tests. The standard is 1.5.
- Tests taken in a separate room/low distraction area
- Permission to tape class sessions
- Preferential seating
- Use of calculator
- Use of laptop computer
- Audio books
- Oral testing
- Other: _____

Based on this request, we agree to the following arrangements to meet the special needs identified:

Student signature

Date

Faculty signature

Date

Copies: Student/Faculty/Registrar

