

## SDC REQUEST FOR ACADEMIC ACCOMMODATIONS

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this a new address and/or phone number? Yes  No

I acknowledge that by requesting academic accommodations, I am authorizing the SDC Disability Specialist to discuss information relevant to the recommended accommodations with faculty and staff who have a legitimate educational need to know. I understand that, as with all University activities, I am required to comply with the UC Davis Student Code of Conduct, including the responsibility to accurately represent my circumstances.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check One: Fall  Winter  Spring  Sum I  Sum II  YEAR \_\_\_\_\_

Academic status: Undergrad  Graduate  Law  Vet  Med  Mgmt  Other  \_\_\_\_\_

Disability Specialist: \_\_\_\_\_

Math Placement exam	Date, time, location: _____
Chemistry Placement exam	Date, time, location: _____
Foreign Language Placement exam	Date, time, location: _____
Analytical Writing Placement Exam	Date, time, location: _____
Upper Division Composition exam	Date, time, location: _____

Accommodation(s) requested: \_\_\_\_\_

Specify the accommodations you are requesting for each course.

<b>1. Course Abbrev. &amp; No.</b> _____	<b>CRN</b> _____	<b>Units</b> _____		
<b>Instructor</b> _____	<b>Instructor's e-mail</b> _____			
	<b>Accommodation(s) Requested</b>	<b>Days</b>	<b>Times</b>	<b>Location</b>
Lecture				
Discussion				
Lab				
Exam Format: _____				

**2. Course Abbrev. & No.** \_\_\_\_\_ **CRN** \_\_\_\_\_ **Units** \_\_\_\_\_  
**Instructor** \_\_\_\_\_ **Instructor's e-mail** \_\_\_\_\_

	Accommodation(s) Requested	Days	Times	Location
Lecture				
Discussion				
Lab				

Exam Format:

**3. Course Abbrev. & No.** \_\_\_\_\_ **CRN** \_\_\_\_\_ **Units** \_\_\_\_\_  
**Instructor** \_\_\_\_\_ **Instructor's e-mail** \_\_\_\_\_

	Accommodation(s) Requested	Days	Times	Location
Lecture				
Discussion				
Lab				

Exam Format:

**4. Course Abbrev. & No.** \_\_\_\_\_ **CRN** \_\_\_\_\_ **Units** \_\_\_\_\_  
**Instructor** \_\_\_\_\_ **Instructor's e-mail** \_\_\_\_\_

	Accommodation(s) Requested	Days	Times	Location
Lecture				
Discussion				
Lab				

Exam Format:

**5. Course Abbrev. & No.** \_\_\_\_\_ **CRN** \_\_\_\_\_ **Units** \_\_\_\_\_  
**Instructor** \_\_\_\_\_ **Instructor's e-mail** \_\_\_\_\_

	Accommodation(s) Requested	Days	Times	Location
Lecture				
Discussion				
Lab				

Exam Format: