

SDC ACCOMMODATION REQUEST FORM FOR DEAF AND HARD OF HEARING STUDENTS

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 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 _____

I request In-Person/Priority Enrollment for next quarter: Yes No

Disability Specialist: _____

- A. Specify Interpreters, Captioners, Assistive Listening Devices (ALDS), Notetakers (Stipend, Communication Assistant, or Transcript) and/or other requests for each section as needed.
- B. Exam accommodations require students to provide exam formats such as multiple-choice; problem-solving; essay; short answer; fill-in. Please check with professors.

1. Course Abbrev. & No. _____ **CRN#** _____

Instructor _____ **Units** _____

	Accommodation(s) Requested	Days	Times	Location
Lecture				
Discussion				
Lab				

Exam Format: _____

2. Course Abbrev. & No. _____ **CRN#** _____

Instructor _____ **Units** _____

	Accommodation(s) Requested	Days	Times	Location
Lecture				
Discussion				
Lab				

Exam Format: _____

Received By: _____ Date: _____ Routed To: _____

Appointment Date: _____ Time: _____

3. Course Abbrev. & No. _____		CRN# _____	
Instructor _____		Units _____	
	Accommodation(s) Requested	Days	Times
Lecture			
Discussion			
Lab			
Exam Format:			

4. Course Abbrev. & No. _____		CRN# _____	
Instructor _____		Units _____	
	Accommodation(s) Requested	Days	Times
Lecture			
Discussion			
Lab			
Exam Format:			

5. Course Abbrev. & No. _____		CRN# _____	
Instructor _____		Units _____	
	Accommodation(s) Requested	Days	Times
Lecture			
Discussion			
Lab			
Exam Format:			

6. Course Abbrev. & No. _____		CRN# _____	
Instructor _____		Units _____	
	Accommodation(s) Requested	Days	Times
Lecture			
Discussion			
Lab			
Exam Format:			