



Returning Student Accommodation Request Form

Name _____ TSC ID _____ Date _____ Semester _____

Accommodations are granted on an individual bases and are based on the supporting documents that have been provided to our department.

*Please list your diagnosis: _____

*Please check all that apply

<input type="checkbox"/> Sign Language Interpreter	<input type="checkbox"/> Extended Time (student is allowed time and a half. For example, if the class is allowed 1 hour, this student will be allowed 1 ½ hours.)
<input type="checkbox"/> Short 5 min breaks	<input type="checkbox"/> Ability to use formula chart.
<input type="checkbox"/> Closed Caption Videos	<input type="checkbox"/> 4 Function Calculator
<input type="checkbox"/> Copies of Lectures & PowerPoints	<input type="checkbox"/> Paper tests (Request must be submitted 3 days in advance)
<input type="checkbox"/> Audio Record lectures	<input type="checkbox"/> Distraction reduced Testing Environment
<input type="checkbox"/> Oral testing/quizzes (reader, narrator or other programs)	<input type="checkbox"/> Other _____

*Please fill out the following information

Graduation Expected Date _____

Course #

Professor's Name

Professor's Email

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's signature _____

Parent's signature _____

Counseling and Student Accessibility Resources Department

disabilityservices@tsc.edu

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