

OFFICE OF SPECIALIZED SERVICES AND SUPPLEMENTAL INSTRUCTION

CONFIDENTIAL

ACCOMMODATION REQUEST FORM

Please note this form must be completed every semester for which you are enrolled.

It is strongly recommended that this form be filed preferably prior to the beginning of the semester or within the first week of the semester.

Name: _____ Gothic ID#: _____

Date: _____ Semester: _____

Phone: _____ E-Mail: _____

Please list the accommodation(s) you are requesting for the current semester: (i.e., extended time for testing, sign language interpreter, assistive technology, books in alternate format, etc.). Please also indicate the **classes** for which you will require these accommodations.

COURSE TITLE	ACCOMMODATION(s) NEEDED
_____	_____
_____	_____
_____	_____
_____	_____

Students are required to deliver their accommodation notices to their instructors. We will inform you by phone or e-mail when your accommodation notices are available to be picked up. You may also schedule an appointment to meet with an OSS/SI staff member to have your accommodation notices prepared. **You may contact the office at (201) 200-2091 or via email jaitken@njcu.edu or jzegarra@njcu.edu to schedule an appointment.** It is strongly recommended that you present the notices to your instructors within the first two weeks of the semester. If you are enrolled in an online course(s) an OSS/SI staff member will send the notices to your instructor (s) via campus e-mail. **Copies of the notices will be given to you upon request. *Please note that the accommodations you are requesting must be supported by your documentation and must not result in a fundamental alteration of the nature and standards for the course in order to be approved. If necessary, OSS/SI staff will work with you and your instructor to determine appropriate alternative accommodations.**

Please refer to our website <http://web.njcu.edu/programs/oss> for our office policies and procedures pertaining to testing accommodations, note-takers, assistive technology, alternative format requests, and requests for flexible attendance. The information is available on our website under Student Resources (Forms).

I hereby agree to immediately report to The Office of Specialized Services and Supplemental Instruction any schedule changes and/or class sessions for which I will not need the above accommodation(s). I give the OSS/SI staff permission to discuss my accommodations and academic progress with my instructors and appropriate academic dean if necessary.

Signature _____ Date _____

FOR OFFICIAL USE ONLY (Do not complete this section)

Received By: _____ Date: _____

Prepared: _____ Called for pick-up: _____ Picked up: _____