Virginia State University

Student Accessibility Office (SAO)

Reasonable Accommodation Request Contract

CONFIDENTIAL

Student Name:		V#: V00	Date:	
Student's Email Address:		Student's Cell Phone #:		
During this session, it was suggested modations during the Fall Spring			_	
SAC) Recommendation	on Accommodation	ns:	
Note taker		Digit	Digital recorded lectures	
Extended Time for testing		Enla	Enlarged print	
Alternate Testing site		Eme	Emergency Note taker	
Adaptive Equipment (E-books or books on CD)		Pref	Preferential Seating	
Excused Tardiness (15 minutes)		Use	Use of laptop or calculator	
Assistive Technology	(specify)	Acce	essible tables/desks/chairs	
Scribe		Othe	er	
Stude	ent: <u>Please Initial</u>	ONE of the follow	ing:	
I agree to the recommended	d accommodation	ns as indicated abo	ve, by check mark.	
I do not agree to the recom	mended accomm	odations as indica	ted above, by check mark.	
Please note:				
Accommodations must be requested tions at a later date, you may do so. I	· —		·	
Once the request has been completed tronically within 10 business days of t (between the student, the faculty me Once the letter is returned back to the	he request. The smber, and the SA	student will be cop O office) of the acc	ied on the email to ensure clarity ommodations being provided.	
If you are taking an online course (aw commodations request form, one of t	the SAO designees	s will print your nai	me and sign theirs, in your absence.	
Signature:		Date:		
(Studen	t)			
Signature:		Date: _	Date:	

(Designee)