

Office for Students with Disabilities (OSD) Accommodation Request Form

Note: By signing this form, you are giving OSD permission to disclose your status as a student with a disability/ies. I understand that this form must be filled out accurately and completely to ensure timely processing of my request (within 48 hours during the work week).

Today's Date _____ **Semester** _____ **Requested** _____

Name _____ **UT Arlington Student ID#** _____

Phone # (_____) _____ **UTA e-mail** _____

I am requesting accommodations for the following class/es (attach a copy of your class schedule):

1. Instructor _____

Course Subject _____ Course # (4 digits) _____ Section # (3 digits) _____

Is this a Distance Education course online: **Yes** **No**

2. Instructor _____

Course Subject _____ Course # (4 digits) _____ Section # (3 digits) _____

Is this a Distance Education course online: **Yes** **No**

3. Instructor _____

Course Subject _____ Course # (4 digits) _____ Section # (3 digits) _____

Is this a Distance Education course online: **Yes** **No**

4. Instructor _____

Course Subject _____ Course # (4 digits) _____ Section # (3 digits) _____

Is this a Distance Education course online: **Yes** **No**

5. Instructor _____

Course Subject _____ Course # (4 digits) _____ Section # (3 digits) _____

Is this a Distance Education course online: **Yes** **No**

6. Instructor _____

Course Subject _____ Course # (4 digits) _____ Section # (3 digits) _____

Is this a Distance Education course online: **Yes** **No**

You may only request those accommodations approved by the Documentation Review Committee and deemed appropriate for each particular course. If you are requesting new accommodations please contact us at (817)272-3364 for an appointment. Please initial next to the accommodation(s) you are requesting.

| Requested (Student initials) | Approved (OSD Staff initials) | |
|------------------------------------|-------------------------------------|--|
| _____ | _____ | Permit tests, quizzes, and pop quizzes to be taken in a quiet, reduced-distraction environment. |
| _____ | _____ | Permit tests, quizzes, and pop quizzes to be taken in the Adaptive Resource Center. |
| _____ | _____ | Extended time (double time) for all in-class work (e.g. tests, quizzes, and pop quizzes). |
| _____ | _____ | Assistance from instructor in securing a volunteer note taker and/or usage of NCR paper. |
| _____ | _____ | Allow student to tape all instructional material. (by student) |
| _____ | _____ | Preferential seating (circle one : front row, center, near door, other). |
| _____ | _____ | Use of auxiliary aids by student (circle one : FM system, AlphaSmart, CCTV, laptop). |
| _____ | _____ | Allow the use of a word processor for in class work/tests. |
| _____ | _____ | Papers graded with no deduction for spelling errors or use of spell check for in-class work/tests. |
| _____ | _____ | Tardiness leniency (up to a certain number as agreed upon after meeting with instructor) |
| _____ | _____ | Absence leniency (up to a certain number as agreed upon after meeting with instructor) |
| _____ | _____ | Allow student to take periodic breaks during class. |
| _____ | _____ | Instructor to provide copies of overheads, presentations & handouts. (provided by instructor) |
| _____ | _____ | Sign language interpreter or CART provider for class (please circle preference). (provided by OSD) |
| _____ | _____ | Textbooks converted to E-text or assistance in acquiring books in an alternative format (Books must be purchased by the student). |
| _____ | _____ | Instructor to double-space all handouts in large and plain font. (provided by instructor) |
| _____ | _____ | Reader (*NOTE: only used for severe dyslexia or visually impaired)(by OSD) |
| _____ | _____ | Scribe (*NOTE: only used for visually impaired, severe motor impairment, or severe dysgraphia)(by OSD) |
| _____ | _____ | Other: _____ |
| | | _____ |
| | | _____ |

Letters must be picked up in The Office for Students with Disabilities and hand delivered to the instructor. Accommodations are effective upon receipt of a letter of accommodation by your instructor.

Accommodations do not automatically carry over into the next semester and are not retroactive.

Student's Signature _____

Date _____

OSD Signature (for office use only) _____

Date _____

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.