

Appendix F: Westminster College – Tomnitz Family Learning Opportunity Center Abbreviated Request for Academic Accommodations

1. Name _____ Date _____

Student ID Number _____

Cell phone _____

Phone Number _____

Westminster email address _____

2. Semester and year for which you are applying for academic accommodations:

_____ Fall _____ Spring _____ May _____ Year

3. Academic standing:

_____ Freshman

_____ Junior

_____ Sophomore

_____ Senior

4. Major _____

Advisor _____

5. Services are being requested for:

_____ deaf/hearing impairment

_____ attention deficit/hyperactivity disorder

_____ blind/visual impairment

_____ motor impairment

_____ specific learning disability

_____ speech impairment

_____ physical disability

_____ psychiatric

Other (please specify) _____

6. Do you receive services from Vocational Rehabilitation of the State of Missouri?

_____ Yes _____ No _____ Have applied for services

7. Have you received support services in the past? _____ yes _____ no

Where and when? _____

8. What accommodations are you requesting? Some common accommodations made in colleges are as follows:

_____ Extended time on tests (Appendix G form required)

_____ preferential seating

_____ Tests read aloud

_____ use of tape recorder

_____ Note taker (Appendix H form required)

Other: _____

9. Instructor notification. Please print instructor name, including first initial.

Instructor name _____ Course name and number _____

Instructor name _____ Course name and number _____

Instructor name _____ Course name and number _____

Instructor name _____ Course name and number _____

Instructor name _____ Course name and number _____

10. I give my consent to have the Tomnitz Family Learning Opportunities Center notify the above instructors and my advisor of my academic accommodations, with the understanding that the nature of my disability will be kept confidential.

Signature _____ Date _____

Approved by: _____ Date _____