

# REQUEST FOR ACADEMIC ADJUSTMENTS/AUXILIARY AIDES



Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

Semester (circle one):    **SUM**                  **FALL**                  **WIN**                  **SPR**                  **20\_\_**    Are you a Dept. of Rehabilitation client?    **Yes**                  **No**

CLASS	SCRIBE	ADJUSTABLE TABLE/ DESK	CHAIR	NOTE-TAKER			*DIGITAL VOICE REC	*TESTING			*ETEXT/ SCREEN READER	DHH Services		PREF. SEATING
				Announcement preference				1.5X	2.0x	ALT MEDIA		*INTER PRETER	*RTC	
				Staff	Self	Smart Pen								

\*If selected, please complete additional forms.

Other (circle all that apply & use the line below to explain):    priority registration    mobile orientation    equipment    talking calculator    listening device

\_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

- I understand it is my responsibility to request approved services each semester/session and to meet with a DSS counselor if any changes or additional services are needed.
- I understand that my support services may be suspended if I do not show up (2) times in one semester without sufficient PRIOR notice and I must appeal to the DSS Director for services to be reinstated.
- I understand that there may be a wait (based upon availability) for reinstatement of services, even if such reinstatement is approved.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DSS Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Dsps:

Scanned